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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exetuted within 24 hours after death.

Page 4 may be retained by the hospital or ottending physician.

02503

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CEDI	rama.	CATE	OF	DEAT	11
CER	HEL	CAIL	UF	DEAT	н

02498

1. DECEASED-NAME FIRST	middle	razı	14	ZO. DATE OF DEATH	Le .	ZD. HOUR T				
(Type or print) Marnie	Myrtle	Adams		February 24	1969	5:15 M				
3. SEX Female 4	. RACE White	S. DATE (pril 1896	6. AGE (In years last-birthday) YRS.	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.				
70. BIRTHPLACE (Stote or foreign 7b.	CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER	MARRIED 9. 0	Montgomery		Md				
O. CITY OR TOWN OF DEATH Bethesda	give street deces Clir	TITUTION (If not in hospi	tal 12a. USUAL O during most)	CCUPATION (Kind of work done	12b. KIND OF B					
30. USUAL RESIDENCE (Where deceased lindrissian) STATE North Carolina	ved, if institution: Residence befare 36. COUNTY	Jonesville	13d. INSIDE CITY LIMITS:	TOTAL MATERIAL TANAMARIA						
4. FATHER'S NAME First		15. MOTHER 10. 17. INFORMAN	S MAIDEN NAME First Bethania The Medica	Middle Victoria al Records Address ter, NIH, Bethes	Brown					
18. CAUSE OF DEATH (Enter only an PART I. DEATH WAS CAUSED BY: IMMEDIATE Conditions, if any, which gove) rise to immediate cause (a),	AUSE (a) Cryptococcs DUE TO, OR AS A CONSEQUENCE OF (b) Multiple My	Meningit		er, min, beones	APPROXIM BETWEEN ON	ate interval iset and death onths				
190. DATE OF OPERATION 196. COND	DITION FOR WHICH OPERATION WAS PE		AUTOPSY?	20b. IF YES, WERE FINDINGS CO	CONSIDERED IN CERTIFYING					
OR CONTRIBUTING (AUSF OF DEATH (If either, natify medical examiner)	21b. TIME OF INJURY HOUR A.M. Manth Doy Year P.M. 19			ture of injury in Port 1 or Port 2, I	tem 18.)					
While Nat while at work	E OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			City or Town	County	State				
22a. I certify that (1) (this has saw the deceased alive couses stated above, (2)	22a. I certify that (1) (this hospital) attended the deceased from 5 Feb., 1969, to 24 Feb., 1969, that (1) (we) last saw the deceased alive on 24 February 1969, and that in (10) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (did) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1									
22b. SIGNATURE	Decree of the son Where Attending I MED. STAFF & 25									
	d S. Fedson, MD	In	stitutes o	linical Center, of Health, Beth	esda, Mo	1. 2001				
	3-69 Swan	reek Ba	ptist	Jonesvill		h Car				
Robert A Pumph:	rey 3557 WADDRESS	opsin Ave	2Sa. REC'D BY R		SIGNATURE	e				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 had VR A15 (4) 30M REV: 1/68

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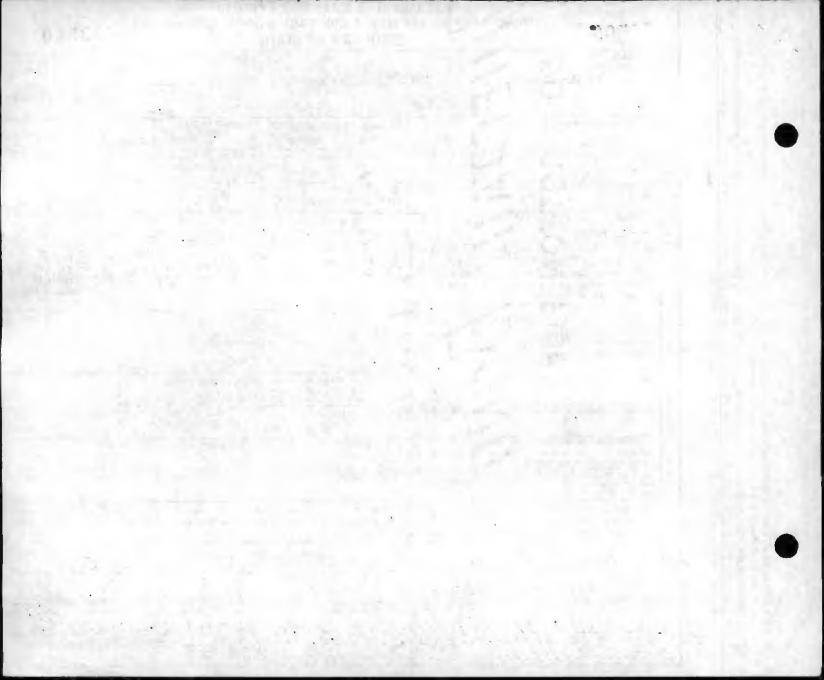
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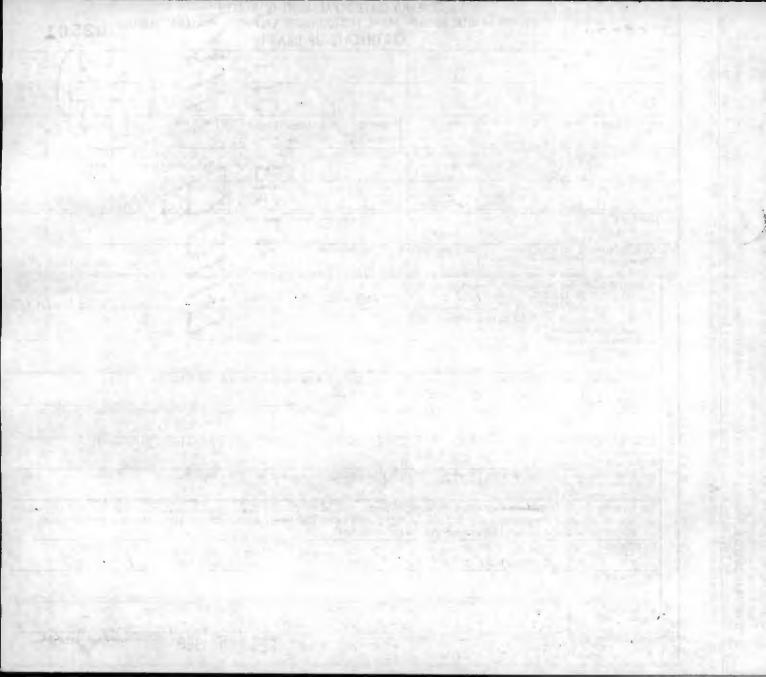
			CERTIFICATE OF DEF	П	
	DECEASED-NAME First	Middle	Lost	2o. DATE OF DEATH	2b. HOUR
'	Type or print)	wet mar	ch AshCord	Month	Doy Year 47 M
3. 5		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR IF WIDER 24 HRS.
	temale	white	3-23	- 1900 lost birthday)	RS. DAYS HOURS MIN
	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	D.C.	4.5A	WIDOWED DIVORCED	Montgor	nery Md.
10.	ochville M.			a, USUAL OCCUPATION (Kind afwark do ring most af working life, even if retire 191431 & Frstrau	d.) INDUSTRY
	USUAL RESIDENCE (Where deceas	sed lived, if institution: Residence before Vab. COUNTY	13c. CITY OR TOWN 13d. INS	OF CITY LIMITS? 13e. STREET AND NUMBER	·
14.	FATHER'S NAME First PH	ILIP Middle IVI. As Alask	15. MOTHER'S MAIDEN I	NAME First Middle	X x m
	WAS DECEASED EVER IN U.S. ARN Yes, no, or unknown) (If yes give w	MED FORCES? Vor or dates of service) 16b. SOCIAL SECURITY 58-	NO. 17. INFORMANT SSIT Lewis	A. Breuninge,	JR. 6/en Lea us.
	Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	y Cleun of Ciny of way/reing du	estin Exranarya. scle SE ORCONDITION EVEN IN-PART I(a)	BETWEEN OMSET AND DEATH
NOT	Super	1 01 0 11	rebul hemsthere	receptularleria a	Peren
CERTIFICATI	170. DATE OF OPERATION / 170. (CONDITION FOR WHICH OPPRATION WAS P	ERFORMED 266. AUTOPSY?	NO CAUSES OF DEATH?	GS CONSIDERED IN CERTIFYING
MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF ORATI (If either, notify medical examin	H HOUR A.M. Month Day Yeol ner) P.M.	9	(Enter nature of injury in Part 1 or Part	2, Item 18.)
W	of work Of wark	PLACE OF INJURY (AT HOME, FARM, STREET, F./ OFFICE BUILDING, ETC.		F.D. Na. Gity or Tawn	Caunty State
	saw the deceased al causes stated above	is hospital) attended the deceos live an , (1) (we) (did nat) view the	19 5 7, and that in (my) (ou	r) apinion death occurred on the	1962, that (I) (we) last date and hour and fram the
	22b. SIGNATURE	Herusophe	DEGREE ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	2. DATE SIGNED 2 /20/69
	22d. PHYSICIAN'S NAME (Type)	VC. Shower	S 220 ADDRESS 5 4/3	Cedar Lane Be	Thesala Mol.
23a.	BURIAL, CREMATION, 23b. D REMOVAL (Specify)	21-1969 (JENA)	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) start D.
24.	FUNERAL DIRECTOR JOSE	DH GALULE ADORES		RECD BY REGISTRAR 1256. BLOWS R.	R'S SIGNATURE
40	1-2 2011111	120111111111111111111111111111111111111	LACT ME BATT	LU AT TOUT	La contraction of the contractio

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in synthe funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours ofter death. Page 4 may be retained by the hospital or ottending physician. VR A13

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02501 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 26, HOUR 5 P death. within 24 haurs after death ond (Type or print) rsicial and conpletely filled in by the funeral please remave carban papers. Pages I and Month ^ 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS 6. AGE (In years IF UNDER I YEAR papers: reg 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION-Kind of work done 12b. KIND OF BUSINESS OR I during most of working life, even if retired.) INDUSTRY WIT event, 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence Defore odmission) STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE and in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Lost Middle Last risel physician requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) JUSEPH, 504 PHILADELPHIA ar remayal, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEAT permit. IMMEDIATE CAUSE (o' crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove burial-transit rise to immediate couse (o). signed by DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been use as the prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? of Health p YES 🗀 NO 🗍 21o, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) shauld be detached with the State Dept. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while of work 220. I certify that (1) (this hospital) attended the deceased from July, 1968, ta 2-2, 1969, that (1) (ma) last saw the deceased alive an 1-3/1969, and that in (my) (saw) opinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE ATTENDING STAFF director, page 3 should be filed v DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 230 BURIAL CREMATION 23d//LOCATION (City or Town) VR A15 (4) DATE



DEPT.

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of

VR A15ME (5)

Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

the funeral director. Page 4 should be forwarded to the Chief Medical Examine

This certificate should be executed within 24 hours after death

DICAL EXAMINER:

TO DEPUTY

FOR STATE HEALTH DEPT

P.M.3. Poge

Office along with form

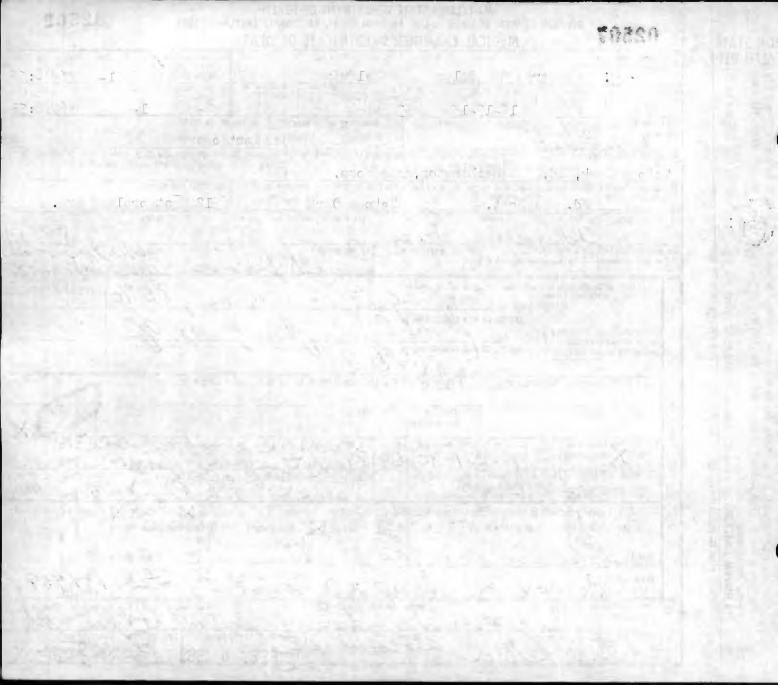
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02502

		MEDICAL	. EVAMI	AEK 2 CE	KHILICATE	OF DE	АІП						
1. DECEASED-NAME (Type or Print)	First		Middle		Lost				KNOWN	Manth	Day	Year	2b. HOUR
(1)pe or remi)	Marge	ry He	elen		ldwin			OF DEATH	MATED	2-	1-	189	8:55
3. SEX	4. RACE	5. DATE OF BIRTH	6.	AGE (In years last birthday)	MONTHS DAYS	IF UNDER	24 HRS.		RONOUNCED				2d. HOUR
F	W	12-13-	15	53 YRS.	monijo garij	Hadis	Jane.	Month 2-		Ty_	Ye	19 69	8:55
7a. BIRTHPLACE (Stat	e or fareign 76	CITIZEN OF WHAT C	OUNTRY?	8. MAR	RIED NEVER MA	RRIED 🗌	9. COU	NTY OF DE	ATH				
country) 2000 73	chamin to 2			WID0	MED DIA	ORCED _	Mont	gome	ry				Md
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Takoma F	ark, Md.	Wash	ingtonS	an & H				working	ise, even is i	emea.j	IMPOSIT	KI	
13a. USUAL RESIDEN admission) STATE		lived, if institution	: Residence be		JK 19111	3d. INSIDE CITY			T AND NUM				
	Md.	13 COUNTY	1	Tako	ma Bark	AE2		6912	Wstn		and	Ave.	
14. FATHER'S NAME	-First	Middle	4 11	ost /	15, MOTHER'S MA	IDEN NAME	First		Mid	dle		Lost	
	Xellea	111	Die	40	() ·	1	1	1		7.73	1	1)	
16a. WAS DECEASED EN (Yes, na, or unknown)		RCES? 16b	. SOCIAL SECURI	IY NO.	. INFORMANT	K of	11		ADDRES	5641	2/2	come	rectiful
					CHURK.	1	401	ocu	6	20-	- 5/0	a Korn	ATK
18. CAUSE OF	F DEATH (Enter only DEATH WAS CAUSED	ane cause per line fo	ar (a), (b), and	(c).)	A	12			0	50/		APPROXIMATE I	
0 100		CAUSE (a)	upu	repa	elen	1011	ur	us	, 0 ~) /(7		
750		DUE TO, OR AS	A CONSEQUENCE	90	/	0			/	20			
	any, which gave }	(b) 0	100	10ch	Aury	Tuc	Run 1	1	25	1-			
stating the vi	nderlying couse	DUE TO, OR AS	A CONSEQUENCE	OF Of	10				U				
last.	,	(1)	nfl	ell									
PART 2. OTHER	SIGNIFICANT CONDITI	ONS CONTRIBUTING	TO BEATH BUT	NOT RELATED T	O THE TERMINAL I	DISEASE OR	CONDITIO	N GIVEN IN	PART I(a)				
S 10. 047 07 /	ODER A FIGNI	1201	CONDITION SO	D MANGE POR	ATION						Los	e Autonous	
190. DATE OF C	PEKAHUN	140	. CONDITION FO WAS PERFORM		ATION						20	O. AUTOPSY?	
190. DATE OF C	CALICE WAS	21b. TIME OF INJU	DV Manth Day	V	. HAW MINDY O	CCHBBED 40		- And to -	601.16	6 4 0 1	- Cof	YES 🗆	NO DE
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02508 CERTIFICATE OF DEATH

02503

					•		IL VI DEA	2 1 5					
- 1		EASED NAME	First		Middle		Last	2a	. DATE OF DE	ATH			2b. HOUR
	{Ty	pe ar print)	Ma	rtha	Ellen	E	Dall		2	Manth	Doy Doy	Yeor 69	735 PM
	3 SEX			4 RACE	*	5.	DATE OF BIRTH			AGE (In year	's IF	UNDER + YEAR	IF UNDER 24 HRS.
		Fema	le	Ne	gro		5/	21/0		ost birthday	YRS MO	DAYS DAYS	HOURS MIN
		RTHPLACE (State ar	fareign	76 CITIZEN OF WH	AT COUNTRY?	8. MAPPIED EX	NEVER MARRIED	9. CO	UNTY OF DE		arjoin -	1.1	
	WA	SH. D.C		u	S.A	WIDOWED	DIVORCED			WESTAT	" PHY	Nee/Je	化工作品 其
	10 CIT	TY OR NOWN OF DEA	TH.		ME OF HOSPITAL OR INS	TiTuTiON (IF not i				nd of work o		125 KIND OF	BUSINESS OR
7		Takoma		1	Preet address) WAS	1. SANT	4 HOSP 1	-	working life Hsw,	, even if retir	ed)	INDUSTRY A	HOME
		sian) STATE	here decease	Ved, if institution	on Residence before	13 GITY OR TO	STS YES X	NO NO		AND NUMBER		RLBO	Ro PK.
2	14. FA	THER S NAME	First	Middle	Lost	15. N	OTHER'S MAIDEN NA	AME First	,	Midd	lle		Last
			Hllen	<u> </u>	Griffi	$\sqrt{}$		NI	artho			/	Turd V
		WAS DECEASED EVER s(na)or unknown)		ED FORCES? or or dates of service)	166 SOCIAL SECURITY N				1	Addre	955		1
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	3				e far (a), (b), and (c))				/			APPROXIA BETWEEN O	MATE INTERVAL NSET AND DEATH
	- 1	PART I. DEATH		BY TE CAUSE (a)	Anum	nea							
	- 1	150 X			A CONSEQUENCE OF		0					1	
		Canditions, if any, w		/6)	0-11/1	OAR	& PAN	· en	- Arman				
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		stating the <u>underly</u> lost	ing cause	(c)	on consequence of	0							
		PART 2 OTHER SIGN	HEICANT CON	ONTIONS CONTRIB. T	ING TO DEATH BUT NO	T DELATED TO T	E TEOMINAL DISCASS	C OR CONDIT	ON CIVEN IN	DADT 1()			
	- 1	TAKE I OTHER STOR	III COM	DINIONS CONTRIBET	MO TO DEATH BUT NO	I KEDALED IV II	E PERMINAL DISEASE	CORCORDII	IOM SIARM IN	TAKE I(0)			
	NO I	9a. DATE OF OPERATI	ON 195 (UNDITION EUD WHI	CH OPERATION WAS PER	EODMED	20g. AUTOPSY?		one to yea	, WERE FINDI	NCC CONS	DEOCD IN CO	DTITVING
2	CERTIFICATION	70. BRIL OF CT ERATI	011	OHOTHOR TOR HIM	CIT OF ERATION WAS TER	IORMED		0	CAUSES OF		103 (0)13	NUTRED IN CE	KIIFIING
		a ACCIDENT WAS				21c. HOW	NJURY OCCURRED	(Enter natu	re of injury in	Part I at Pa	ort 2, item	n 18.)	
	E E	OR CONTRIBLTING []			Manth Day Year							•	
		21d INIURY OCCURE	RED 21e I	/	AT HOME FARM STREET FACT OFFICE BUILDING ETC		ION Street or R.F.E	Ω Nα	City ar	Tawn	(County	State
		While Not while twark		(OFFICE BUILDING ETC)	/		cirl at	4		coony	51010
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- 1		sow, the de	ceased ali	ve an Z	7_ 6 10	2 44_, and t	at in (my) (aur) apinion		red an th	e date	and haur	and from the
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_	2	225 GIGNATURE	11 1	7		Wh)	ATTENDING	MED		TAFE	22∈ DAT	SIGNED	
		hom 1	MINI	me of		DEGREE	PHYS	DIRECTO		HYS.	7/	14/19	
/	2	2d. PHYSICIAN S NAME (Type)	evil	Stillean	ldens		22e ADDRESS						
	23a -	BURIAL CREMATION,	23b. D.	ATE	23c NAME OF C	EMETERY OR CRI	MATORY	23d	LOCATION (Cty or Town)	1	(Caunty)	(State)
n l	F	REMOVAL (Specify)	12	-24-69	77	Luca	la Crom	alone	A.	Eade	nel	ure,	med.
R		INERAL DIRECTOR	20	1000	ADDRESS	bo Cha	pulleto RE	CD BY REG	STRAR D G 40	25b REGIST	Pressig		ich stra

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filled with the State Dept of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. cettificate be executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital ar attending physician.

VR A15

	1	-		MARYLAN	D STATE DE	PARTMENT OF	HEALTH			
	7	0.9500	DIVISION O	F VITAL RECORDS,	301 W. PRES	TON STREET, BAL	TIMORE, MARYL	AND 21201		
1-6.		W/J/	KIM A	RMANIS	CERTIFICAT	TE OF DEATH			025	04
8 EC-2E		CEASED NAME	First	Middle	0	Last	20 DATE OF DEA			2b. HOUR
unerd ond r deot	(1	ype ar print) W///	man.	ARMAND	BAL	4	2	Month 7 Day	69 ear	10 PA
7 月 草、草、草、	3. SI	X	4, RACE			DATE OF BIRTH	6.	AGE (in years ast birthday)	F UNDER YEAR MONTHS BAYS	IF UNDER 24 HRS. HOURS MIN
	1	MALE	Whi	te		10-6-90		7 8 YRS.	MONTHS MAIS	HOURS MIN
5 N -9 19 43 1	70 1 cau	RTHPLACE (State or foreign			8. MARRIED	NEVER MARRIED	9 COUNTY OF DE	ITH .		
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ecuted within 24 completely filled ove corbon pope y event, within	10 (ITY OR TOWN OF DEATH	faive	NAME OF HOSPITAL OR IN: e street address)	_ '	n haspital 120. USI	UAL OCCUPATION (Kil	even (Exettred)	12b. KIND OF E	BUSINESS OR
Thing the state of	Z	akoona ta.	K	NASh 10 9to	599.04	Hospital	most of working ife	ca/		
A series A	13a adm	USUAL RESIDENCE (Where d	eceased lived, it institution 13b COUNTY	ution Residence Fetore	ROCKY	1 1 1 e yes to	UMITS? 13e STREET	AND NUMBER		0
executed and completed com				Tont grown	J			4 Cons	1/ Jea	Mr.
	4	ATHER'S NAME First	Middle "2"	Losi	, 12 W	OTHER'S MAIDEN NAME		Middle		last
nd in a see	160	WAS DECEASED EVER IN U.S	ADMED EODICES	16b. SOCIAL SECURITY	NO. 17 INFO	Unkno	wn	Address		
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	CERTIFI					YES NO		,_	,	
For a property of the old in the		21a ACCIDENT WAS UNDE		OF INJURY L. Manth Day Year	27c HOW	INJURY OCCURRED (Ent	ter nature of injury in	Part 1 or Part 2,	Item 18.)	
S S S S S S S S S S S S S S S S S S S	MEDICAL	(If either, natrfy medical e	xam ner) P.M	1.	9		,			
「	_	21d INJURY OCCURRED While Not while	21e. PLACE OF INJURY	(AT HOME, FARM, STREET FA-	211. LOCAT	TON Street or R.F.D. N	la. City ar	GWII	County	State
V 300€ = 8 9 9		at wark — at wark —) (this becaited) at	the pole of the decree	ad from 1 /64	W 50 10	Z 17 10 F 4	(= 5 10	1-6 that	(I) Juna las
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Soul Sine		causes stated a	bave, (I) (we) (did	l) (did nat) view the	body after dec	th. 4 ` ` ` ` ` `	·			
with the A		22b. SIGNATURE		- 6	2//M	ATTENDING M	MED ST DIRECTOR P		DATE SIGNED	1010
DIR DIR		22d. PHYSICIANS	ft 1-	200	DEGREE	22e. ADDRESS /		en/10	267,	707
RAI BE		NAME (Type)	rge L	Is all		Silver		5 MAR	209	02
HOSPITA Bage 4 mc FUNERA FUNERA FINER	23g	BURIAL, CREMATION,	23b DATE	23c. NAME DE	CEMETERY OR CRE		Z3d LOCATION (City or Town)	(County)	(State)
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	1,55	PROMOVAL	Feb. 9.19	969 Sylva	nia Hi	ll Mem. H	ark Roc	nester	Beaver	Pa.
J VR A15 (4)	24.	FUNERAL DIRECTOR		ADDRESS	Wash.	D. C 2So. REC'D	BY REGISTRAR	2Sb. REGISTRAR'S		
30M REV 1/68		The S.H.Hi	nes Co.	2901-14th	st., N	·W. TAEB	1 I 1969	an on my	and the same	

VR A15 (4) 45M - 1/69

11 7 70

DECFASED NAME 2a. DATE OF DEATH 2b HOUR (Type or print) Manth 69 3. SEX 6 AGE (In years IF LINDER ILYEAR F JINDER 24 HRS last birthday) YRS. 70 BIRTHPLACE (State or foreign 7b. GT-ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED A DIVORCED [not anomer IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work done A 126 KIND OF BUSINESS OR give street address) during most of working ife, even if retired.) Mheaton Uhreaton 130 USUAL RESIDENCE (Where deceosed lived, if nstitution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Theor town YES NO 14. FATHER'S NAME Middle C CLast 15. MOTHER'S MA DEN NAME First I now tow, argagn. IZ INFORMANT 9923-16a. WAS DECEASED EVERAL U.S. ARMED FORCES?
Yes, ng. or unknown) (II yes give wor or dotes of service) 16b SOCIAL SECURITY NO LaDuke Dr. Addr Kensington, Md. Yes, no, or unknown) aua APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line fortal (b) and (c)) BETWEEN DISET AND DEATH PART & DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Conditions, it ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO TH 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TOR CONTRIBUTING TEAJSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street of R.F.D. No City of Tawn ξαυπίν State White Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from. 2 -221927, and that in (my) (sor) opinion death accurred on the date and have and from the saw the deceased alive an_ causes stated abave, (1) (are) (did) (did wit) view the bady after death. 22b, SIGNATURS 22c. DATE SIGNED ATTENDING STAFF DIRECTOR 22d" PHYSICIAN'S 22e. ADDRESS NAME (Type) G.B. Sengstack 23c. NAME OF CEMETERY OR CREMATORY
Parklawn Cemetery 23a BURIAL, CONTROL (Specify) 23b. DATE 23d LOCATION (City or Tawn)
Rockville 2-26-69 Md.

VR A15

O FUNERAL DIRECTOR: After this certificate ha director, page 3 shauld be detached for use should be filed with the State Dept of Health;

pysträn and completely filled in by the funeral on please remave carbon papers. Pages 1 and 2 evol, 3rd in any event, within 72 hours after death.

signed by the attending burial-transit permit. Th

has been see as the the

Page 4 may be retained by the haspital ar attending physician.

burial, crematian, or rem

requires that the death certificate be executed within 24 hayrs after death

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death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate-be executed within 24 hours after death.

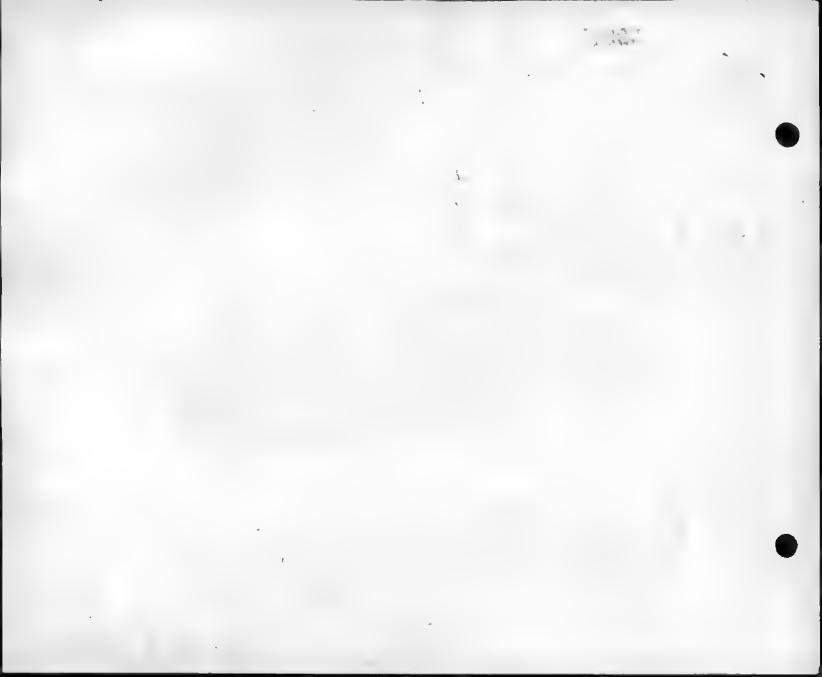
Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please semane carban papers Pashauld be filed with the State Dept of Health prior to burial, cremation, ar removal, and in any event, within 72 hours

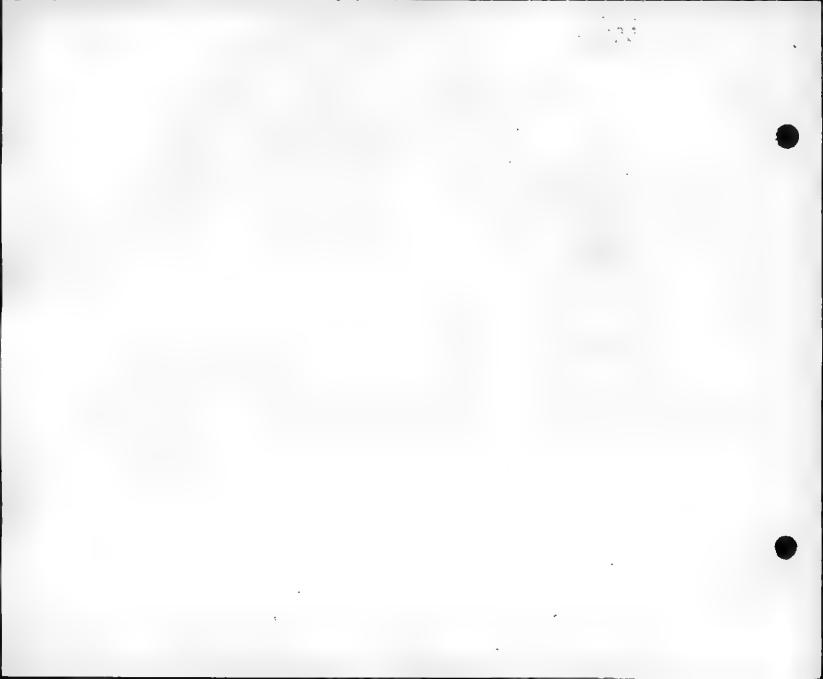
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02508

		02313			CERTIFICA	TE OF DEATH					
		ECFASED NAME	First	Middle		Last	2e DATE	OF DEATH		25.	HOUR
	(Type or print)	Peter.	(None)	\mathcal{B}_e	linett		Month	Day Yeor	1	M
	3 51		4 RACE		5	DATE OF BIRTH		6 AGE (In year			-
	L	Male		white.		Oct 6	1904	last burthday)	YRS. MONTHS DAY	YS HOURS	MIN
	7a. !	BIRTHPLACE (State or foreigntry)	1	N OF WHAT COUNTRY?	8 MARRIED 💢	NEVER MARRIED	9. COUNTY (DE DEATH			
		LUDIN FOI	and L	USA	WIDOWED 📄	DIVORCED [n	10Nt 90.	MERY		Md
,	10: 0	CITY OR TOWN OF DEATH Bethesd	9.	11 NAME OF HOSPITAL OR INS give-street address)	STITUTION (IF nat in	during	mast af warkir	ON (Kind of work in	red.) INDUSTRY	OF BUSINESS	SOR
15	13o adm	USUAL RESIDENCE (Where lissian) STATE Md.	deceased lived, f	institut an Residence before DUNTY MONTGOMER	Kensing	WN 3d INSIDE CT		STREET AND NUMBER		4	
	14 (FATHER'S NAME First	N	Aidale Last	15 M	OTHER'S MAIDEN NAME	First	Mide	dle	Lost	
5		Anti	iony -	- Belige	#	A	otheri	ine	Shuk	lows	K4
		WAS DECEASED EVER IN U Yes, na, or unknown) (#1)	J S ARMED FORCES yes give war or dotes of s			Thong Be	lige#	4520 A		1 Kin	nsieg
		18. CAUSE OF DEATH (E	nter only one cous	e per lung for (o), (b), and (c).		/	·/-		APPR	OXIMATE INTER-	VAL
		PART I DEATH WAS	CAUSED BY- MMEDIATE CAUSE (Carrie Camera	. // //	well 141	Claster	i	Know	~ OZ	K.C.
		1' 1 "		TO, OR AS A CONSEQUENCE OF	11 1					7	كعدابية
		Canditions, if any, which	gove)	(b)	1/ 9						
		rise to immediate caus stating the underlying	e (o) (TO, OR AS A CONSEQUENCE OF							
		last.		(c)							
		PART 2 OTHER SIGNIFICA	NT COMDITIONS CO	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO TH	E TERMINAL DISEASE O	RCONDITION GIV	YEN IN PART I(o)			
	NO	Chemic	brono	butin with	Ruchus	olma-					
5		190 DATE OF OPERATION	195. CONDITION	FOR WHICH OPERATION WAS PE		20c. AUTOPSY?			NGS CONSIDERED IN	CERTIFYING	G
1	CERTIFICAT					YES NO	CAUS	SES OF DEATH?			
	1 CE	21a. ACC DENT WAS UND		TIME OF INJURY	21c HOW	INJURY OCCURRED (En	ter noture of in	jury in Port 1 ar Po	ort 2, Item 18.)		
	20	OR CONTRIBUTING CAUSE		IR A.M. Manth Doy Year P.M. 19							
	MED	21d INJURY OCCURRED While Not while at work	21e PLACE OF I	NJURY (AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY) 21f. LOCAT	ON Street or R.F.D. N	ła. (s	ty or Tawn	County	5	tote
		22a. I certify that (l) (this hospite	al) attended the decease	ed from Eele	- 26, 19.	66, to_	126-32	, 1964 , the	at (I) (xx	a) last
		saw the decea	sed alive an _	Fib 21	9 <i>64</i> , and th	iat in (my) (oor) a	pınian death	accurred an th	ne date and hav	ur and fro	m the
		22b. SIGNATURE	100ve, (1) (Me.) (dd) (d d nat) view the	bady offer dea	in.	,		M. DATE SIGNED		
		Paris	H.	Traum	DEGREE	ATTENDING PHYS	MED DIRECTOR	STAFF	FOR THE	196	9
-1		22d PHYSICIAN S				22e ADDRESS	9	1 (1 (1	1
4		NAME (Type)				8237 5	201210	Ave a)	11Ver DA	no h	ud.
	23o	BURIAL, CREMATION,	23b DATE	23c. NAME OF	CEMETERY OR CRE	/ / /	1 2"	TION (City or Town)	(County)	(Stote	2)
	10	REMOVAL (Specify)	2-25-	69 St. U	ladim	ARS Geme	texcy	Cassell,	le Mi	arke:	Sey
,	,	FUNERAL DIRECTOR	0 /	75.57 ADDRESS	JAS CANS	IN 1250. REC	PHRYCHTRAR	1969 REGIS	Brown and the	and go	-
6	1	about A F	TIM OKO	The Thomas	20/2 10	1 - DATE	FDMA	1000		/ 0	

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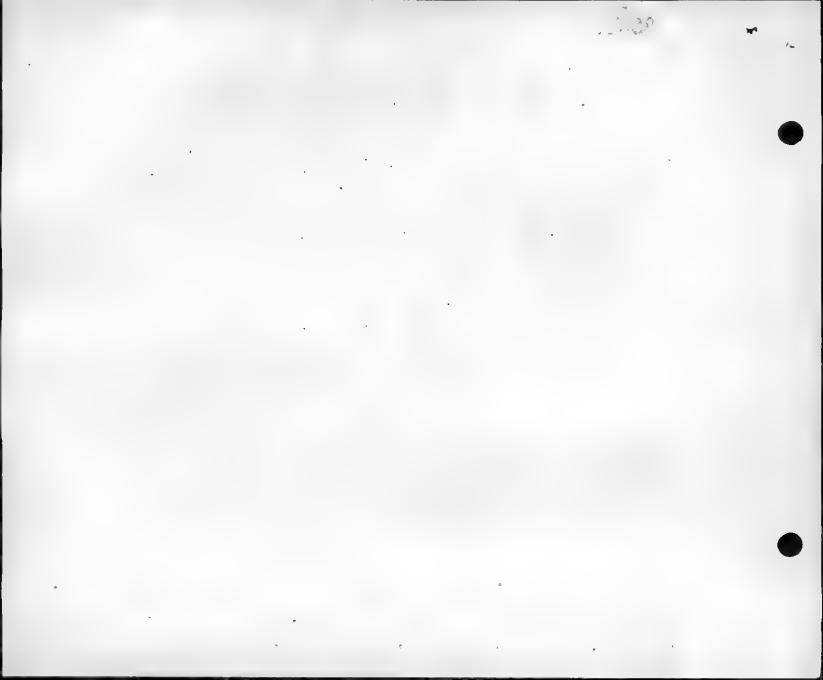


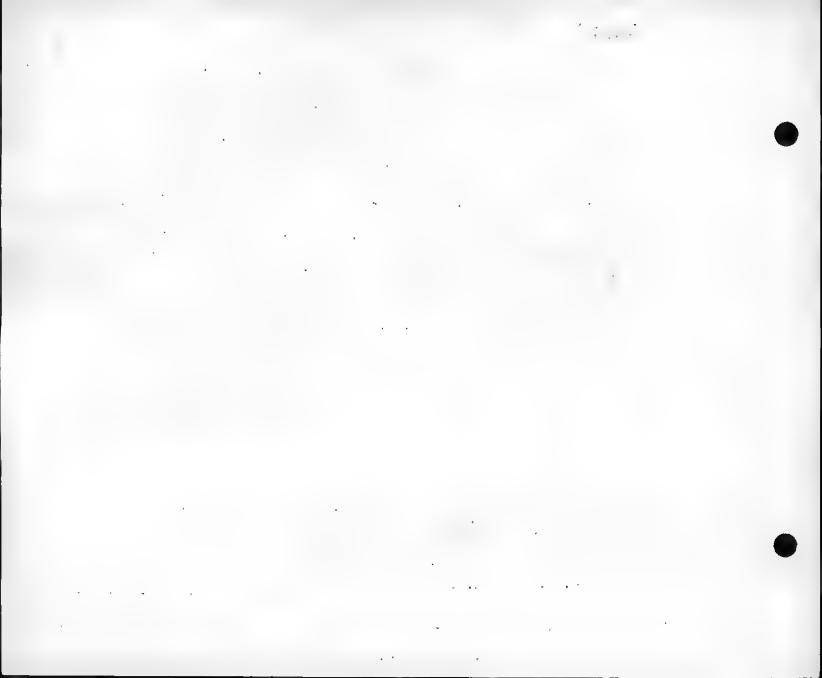
7557 Wisconsin Ave. Bethesda. Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02510 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED NAME First Middle 20 DATE KNOWNT Month 2b. HOUR Dov Yeor (Type or Print) 0F ESTIgaret DEATH MATED X 19 4 deloy 6 AGE in years IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 4 RACE/ S DATE OF BIRTH 2d HOUR 3. SEX CAYS and PHINOW Month Yeor 1969 12 .0. 21-70 BIRTHPLACE IState or foreign 7b. CIT ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X 9 COUNTY OF DEATH WIDOWED DIVORCED 120. USUAL OCCUPATION (Kind of work don't 12b KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUT ON (I not in hospital hours ofter death WITH INDÚSTRY GIVE should be forwarded to the Chief Medical Examiner's Office olong 130 LSUAL RES DENCE (Where deceased I ved, I institution Residence before 13s CITY OR TOWN 3d INSIDE CITY JAM TS? with 13b. COUNTY YES 🔂 NO 🗌 l and 2 in Item 1 ofter 14. FATHER S NAME M.dole Lost MOTHER'S MAIDEN NAME 24 hours poges 17 INFORMANT 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. be executed within pencel File APPROXIMATE INTERVAL .⊆ within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN CHSET AND CEATH PART I. DEATH WAS CAUSED BY "guibnaq Myocardial Interclion Sudden IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Coronary Arterio Sclerosis-Soveraburiol-tronsit Conditions, if ony! which gave 46355 rise to immediate couse (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse losi. .5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 00 removal, nsed 20 AUTOPSY? 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION CAT WAS PERFORMED? please execute the certificate, YES 🔼 NO [pe 0 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. DICAL EXAMINER: cremation, PM CAUSE OF DEATH 21e PLACE OF INJURY (At home, form, street, 21d ANJURY OCCURRED 21f LOCATION Street or R F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK **DIRECTOR:** Poge 220. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection 🔽 Inquiry [37] and in my apinion Accident . director Natural causes X Suicide deoth resulted from Homicide Undetermined manner prior to CHIEF MEDICAL EXAMINER ACTUAL 22b, DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL the funeral **SIGNATURE** DEPUTY DEPUTY MEDICAL EXAMINER X Health **EXAMINER'S** BALL JOHN G. NAME (Type) ADDRESS(Street, city, town, or county) Betkesda. 23c. NAME OF CEMETERY OR CREMATORY 0 230 BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) 23b. DATE (Stote) REMOVAL (Specify) Forest Grove Cem. Lancaster. 2-11-69 Burial 250 REC D BY REGISTRAR 24 FUNERAL DIRECTOR 2Sb REG_STRAR'S SIGNATURE Bethesda, Maryland lance 24 VR A15AAE (5) TOM REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH





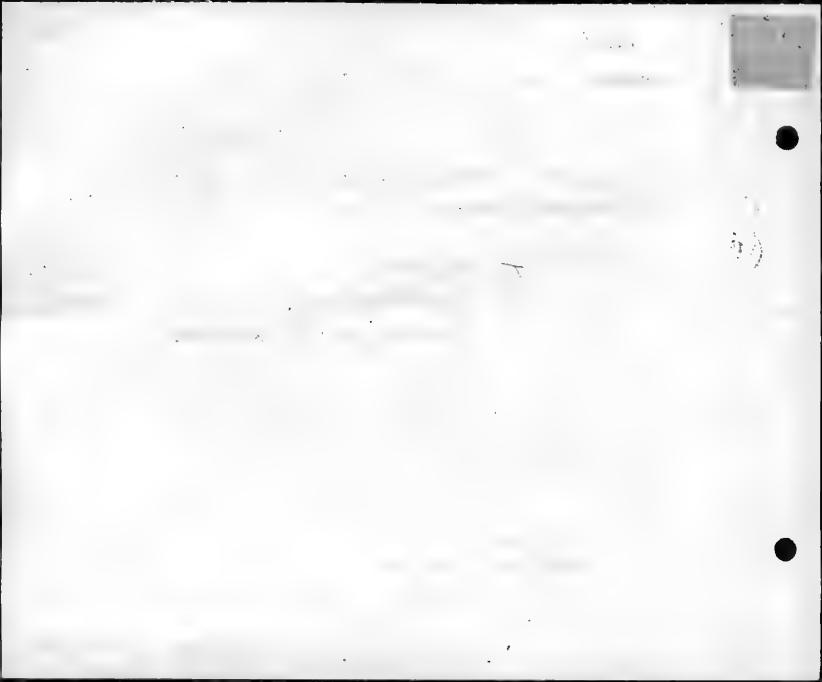
1	It B-	cms 22&21b Film 410 MARYLAND STATE DEPARTMENT OF HEALTH TELEVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212017, 23b, Fi	1m G410
FOR STATE		12517 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	25123/12/6
HEALTH DEPT.		(Time or Boot) Ar cry - 1	76271969 5 5N
any delay is ss 1, 2, and 3 ta farm PM3. Page	3. 5	SEX 4. RACE 5 DATE OF BIRTH 6 AGE (in years IF LINDER 1 YEAR IF JINDER 24 MRS 2c DATE PRONOUNCED DEAD Months DAYS HOURS MIN Month March Day	Yeor 1969 1/42
arm P.	4	BIRTHPLACE (Stote or foreign 76 CH ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NO 9 COUNTY OF DEATH MIDOWED 0. VORCED Ment 9 cm erg.	M
fer death Give Pages ang with far th the States	10.	CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospita 120 USUAL OCCUPATION (Kind of work done 1)	26 KIND OF BUSINESS OR NDUSTRY
5 8 8 K		USLA. RESIDENCE (Where deceased I ved. funstitut on Residence before 13c CITY OR TOWN 13d MISIOE CTYL MISS? 13e STREET AND NUMBER odmission) STATE Na 13b COUNTY Mont 40 not 13b	Dalve.
	14	FATHER'S NAME First Middle Lost IS. MOTHERS MAIDEN NAME First Middle	Kol
I within 24 pencil in Examiner Examiner File pages		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 11 FOTTO ADDRESS	Item 13.
be executed w "pemding" m p nief Medical Exc ansit permit. Fill event within 7		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) G UD Shot- Woursel. of Head	APPROXIMATE INTERVAL GETWEEN ONSET AND DEATH Suddell
d be executed of 'peading' in Chief Medical stransit permit.		DUE TO, OR AS A CONSEQUENCE OF	20010/2/
d be d 'p Chief transi		Conditions, if any, which gove rise to immediate cause (a). (b) DUE TO. OR AS A CONSEQUENCE OF	
wal wal the rial-		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
s certificate si e, writing the farwarded to used as a bu emaval, and ii		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
This certificate cate, writing the be farwarded to be used as a rr remaval, and	CERTIFICATION	190 DATE OF OPERATION 196 CONDIT ON FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	ERTE	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 2.c HOW INJURY OCCURRED (Enter noture of in Jry in Port 1 or Port 2, Item	YES NO 🔀
	MEDICAL (CAUSE OF DEATH ST AM Z DES 1969 Shot self in Read with 22 cel 2	
	2	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street WHILE AT WORK	County State Montgarney Ma
ICAL EXAM e execute th tar. Page 4 ed far your CTOR: Page bur.al, crem		22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry	and in my opiniar
ease lirect taine VIREC		CHIEF MEDICAL EXAMINER	
D DEPUTY DIO SECONDARY, please the funarel direct section of FUNERAL DIRECT Health prior to be the section of FUNERAL DIRECT Health prior to be section of the section of t		ACTUAL SIGNATURE SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER SIGNATURE S	GNED
TO DEPUTY The funding S mmy be TO FUNERA Health pr		NAME (Type) JOHN G. BALL ADDRESS (Street, city, town, or county) Bethesday	A, Md.
5 = = 2 C	230	REMOVAL (Specify)	County) (Stote)
24	24	Burial 3-4-69 Gate of Heaven / TIP/T/PDI/ARS	Maryland GNATURA
VR A15ME (5) 10M REV 1/68	F	ROBERT A. PUMPHREY, B ethesda, Maryland DATE MAR 5 1968	



MARYLAND STATE DEPARTMENT OF HEALTH 02513 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middl 2a. DATE OF DEATH death. and (Type or print) S. DATE OF BIRTH van papers. Pages*T within 72 haurs after 3. SEX 4 RACE 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS last burthday) MONTHS BAYS HOLIRS 9. COUNTY OF DEATH 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED requires that the death certificate be executed within 24 ha country) montgome U.S.A. WIDOWED T DIVORCED [77] campletely filled 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 1/12b. KIND OF BUSINESS OR during most of working life, even if retired) give street address? INDUSTRY Pedical carban 13a USUAL RESIDENCE (Where deceased lived if institution: Residence before / 13c CITY OR TOWN admission) STATE And 13b COUNTY 13d. INSIDE CITY LUMITS? 13e. STREET AND NUMBER YES曲 Montg Wheaton NO F 2906 Weller Rd Sil Sp Md. гетпауе 14 FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Franceska De Grass Andrew I please 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. Address Yes, no. or unknown) (If yes give war or dates of service) Mrs Finn Mc Lowell. 2906 Weller Rd Wheaton Md 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the attending burial-transit permit. Th BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE Conditions, if only, which gave ! rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Health priar ta has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 20a AUTOPSY? use as CAUSES OF DEATH? YES 🗀 O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) Ę OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 21a. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a I certify that (I) (this hospital) attended the deceased from 19 6 Gand that in (my) (aur) apinian death occurred on the date and hour and from the saw the deceased alive on... retained causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF DIRECTOR PHYS. PHYS. r, page be filed TO MOSPITAL Page 4 may b 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) directar, shauld b 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION. 23b. DATE (County) (State) REMOY Specify Gate Of Heaven Cem Monta (o Md 24. FUNERAL DIRECTOR W. A. Huntemann & Son ADDRESS 5/32 Georgia Aperec'd BY REGISTRAR 25b REGISTRAR'S SIGNATURE Understan Jacobsa

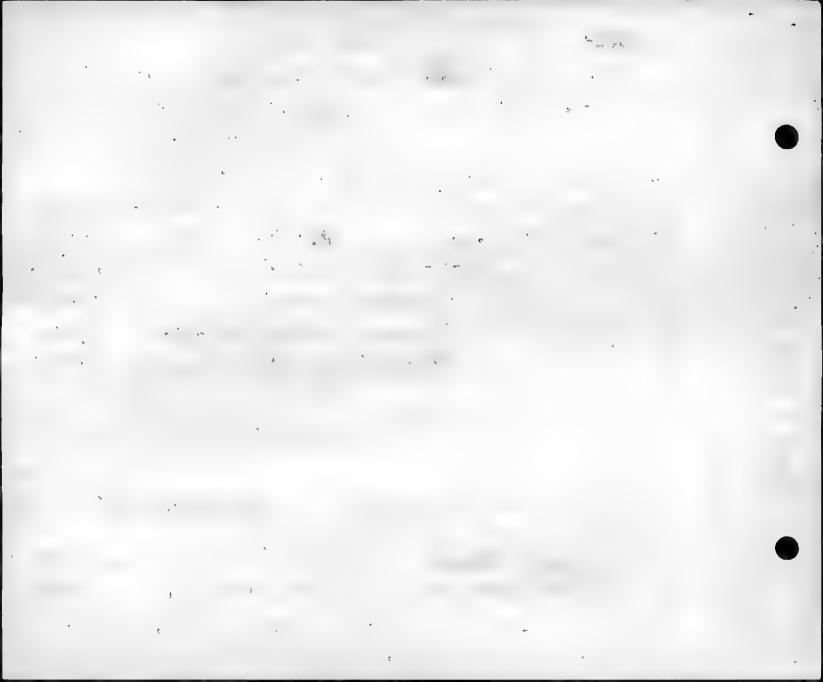


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02514 02519 CERTIFICATE OF DEATH DECEASED-NAME -First Middle Last 2a DATE OF DEATH 2b HOUR within 24 haurs after, death pu Type or print Month / 4 4. RACE DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. lost buthdoy) 4-2-7a BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH (quatry) dad coorpletely filled in MONTG-OMF.R WIDOWED [D-VORCED. 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a JSJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during mast of working life, even if retired) remave carban INDUSTRY STOMAN VALLEY NURSING D 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 113c CITY OR TOWN 13d INSIDE CITYLE MITS? execut and in any 14 FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Middie signed by the attending physician & burial-transit permit. Then please PHYSICIAN: The law requires that the death certificate 160 WAS DECEASED EVER IN L S. ARMED FORCES? 17 INFORMANT Yes, no, ar unknawn) ar remaval, CAUSE OF DEATH (Enter only one cause per PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) crematian, Canditians, if any which cave) burial-transit nse to immediate cause (a). DUE TO, OR AS be retained by the haspital ar attending physician. stating the underlying cause bur.al, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) r this certificate has been si detached far use as the bi ite Dept. af Health priar ta bi 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO [21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Dov Year (If either, notify medical examiner) 21d. INJURY OCCURRED AT HOME, EARM, STREET EACTORY 1 21F LOCATION 21e. PLACE OF INJURY Street ar R F D No City or Town County State While Not while at wark OR ATTENDING TO FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from 3-22, 1968, ta 2-14, 1964, that (I) (we) last saw the deceased alive an 2-1966 and that in (my) (aur) apinian death accurred an the date and haur and from the director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) [did] (did nat) view the bady after death. 225 SIGNATURI SNJOINES DEGREE DIRECTOR 22d. PHYSICIAN'S NAME (Type) 23a BURIAL, CREMANON Potomatonicothodist Church Cemetery 23d LOCAT ON (City or Town) Potomac 23b. DATE REMOVAL (Specify) 2-17-69 24 FUNERAL DIRECTOR Robert Pumph reportss A . 25a RECD BY REG STRAR 7557-Wisconsin Ave., Bethesda, Md.



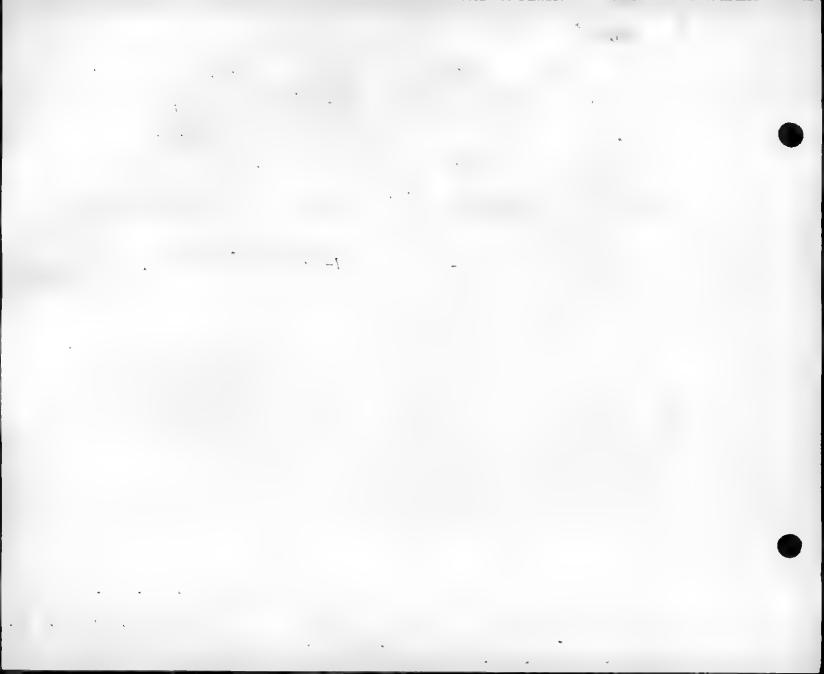


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02516 CERTIFICATE OF DEATH 2g DATE OF DEATH 2b HOUR DECEASED NAME by the funeral death certificate be executed within 24 hours after death. Edgecombe Manth (Type or print) -RANCES IF UNDER 1 YEAR IF LINDER 24 HRS 6. AGE (In years 4 RACE 3 SEX MONTHS 1880 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED | NEVER MARRIED country) campletely filled in MONTGOHIER DIVORCED [WIDOWED 🔀 event, within 72 MATNE 12a USUAL OCCUPATION (Kind of work dane 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR 1D. CITY OR TOWN OF DEATH give street address carban 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13e STREET AND NUMBER 13c. CITY OR TOWN 13h COUNTY Montgomery 2015 East-West Highway Silver remove burial, cremation, ar removal, and in any M.ddle 14. FATHER'S NAME MAIDEN NAME First Flora please 1302 Kate Ilwood 17 INFO JANT Son 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (If yes give war or detes of service) 578-44-8219A Francis Yes, ag, ar unknawn) EiBlake Monroeville, Pehha. attending pro-18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ar attending physician PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 with the State Dept. of Health priar to CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 2Da AUTOPSY? 19a, DATE OF OPERATION OS CAUSES OF DEATH? YES ! TO FUNERAL DIRECTOR: After this certificate 21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) HOUR A.M. Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED City or Town Caunty While Nat while at wark couses stated above, (1) (we) (did) (did not) view the body after death. 22c DATE SIGNED 22b. SIGNATURE director, page 3 should be filed v DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE 23a. BURIAL, CREMATION, Burial (Specify) Cedar Hill Cemetery Suitland. Maryland PUMPHREY, Bethesda, Maryland DATE EB 28 1 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 30M REV

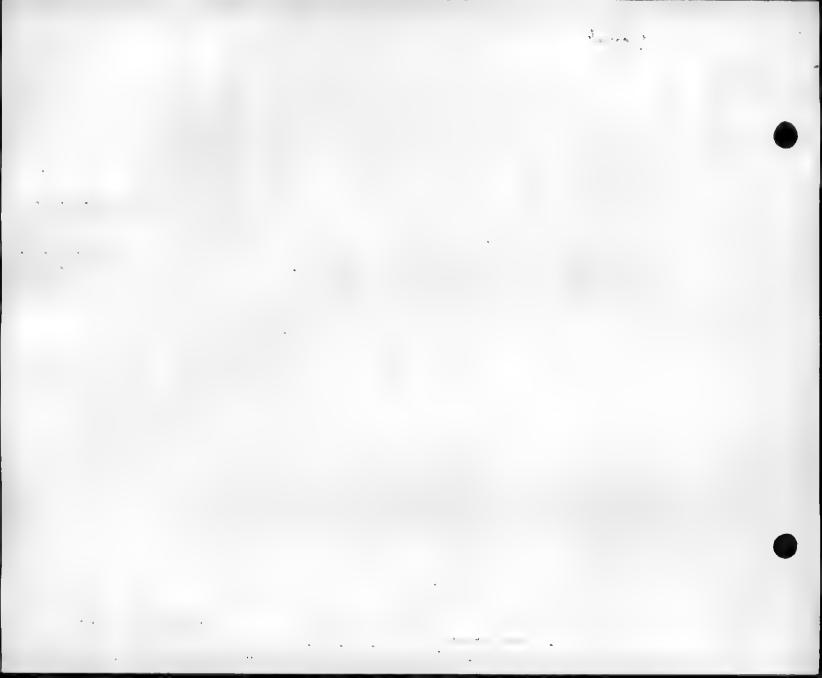


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02517 02523 CERTIFICATE OF DEATH BLAKE 20. DATE OF DEATH . DECEASED-NAME Middle Lost 2b. HOUR First death. death pg 30 (Type or print) Month Yeor 3. SEX 5 DATE OF BIRTH TELINITER I YEAR IF UNDER 24 HRS. 6. AGE (In years DAYS HOURS lost birthday) SHTIMOM YRS requires that the death certificate be executed within 24 hours ampletely filled in by 76 CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign MARRIED | NEVER MARRIED country) rendove carban papers. DIVORCED [WIDOWED 120 USUAL OCCUPATION (Kind of work done 10. CITYLOR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (if not in hospital 126 KIND OF BUSINESS OR during most of working life, even if retired) event, 13o USUAL RESIDENCE (Where deceased lived, if institution. Residence before CITY OR 13d. INSIDE CITY LIMITS? 33e STREET AND NUMBER odmission) STATE #4 13b COUNTY YES IX ond in any 14. FATHER'S NAME Middle IS, MOTHER'S MAIDEN NAME First Middle Lost phys cia beard OBECK edse 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address Yes, no, or unknown) (If yes give wat at dates of service) ar removal, the attending phys nsit permit. Then p APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per time for (o), PART I DEATH WAS CAUSED BY: and (c) BETWEEN ONSET AND DEAD IMMEDIATE CAUSE burial, cremation, signed by the burial-transit p Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar tal by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION - 198 CONDIT ON FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? NO 🔽 YES detached far use ATTENDING PHYSICIAN: 2 TIME OF INVERY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR AM Month Dov (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e PLACE OF INJURY City or Town County Stote While Not while ot work ot work 22a. I certify that (1) (this hospital) attended the deceased from NO þe , and that in (my) four) opinion death occurred on the date and hour and from the saw the deceased alive on 1/14 ro Hospital or Attend Page 4 may be retained causes stated above, (1) (we) (aid) (did not) view the bady after death 22b. SIGNATURE 22 DATE SIGNED ATTENDING. STAFF PHYS. director, page 3 should be filed v DEGREE DIRECTOR PHYS 22d PHYSIC ANS 22e. ADDRAS 23b DATE NAME OF CEMETERY LOCATION (City or Town) BURGAL, CREMATION (County) (Stote)

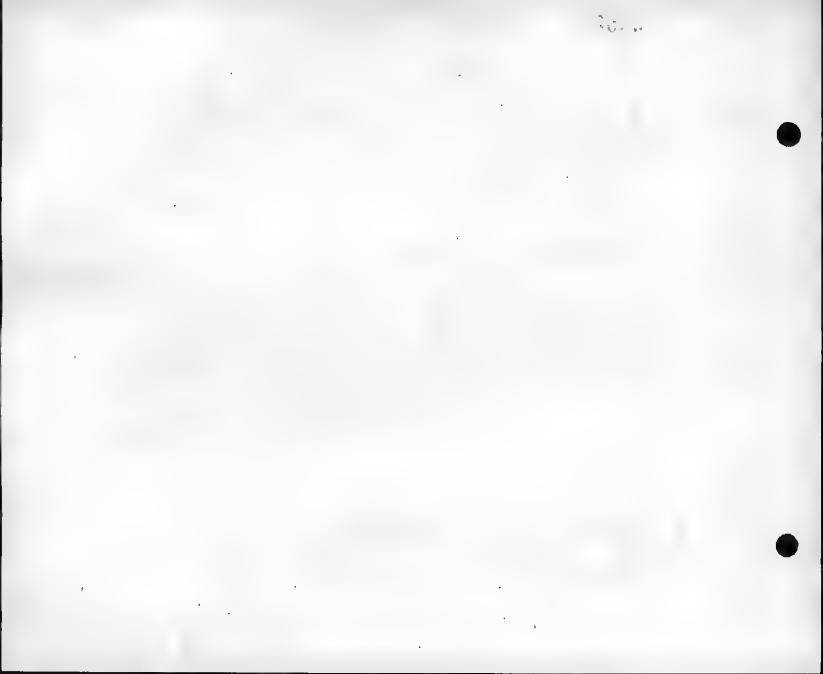




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 82524 02519 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR SELMH (Type or print) BLOOMGREN Year 12-50gm 69 haurs after 4. RACE 6 AGE (In years last birthday) S DATE OF BIRTH F JNDER 1 YEAR IF UNDER 24 HRS. executed within 24 haurs aft FEMIALE WHITE MONTHS I HOURS. 6- 29-93 YRS. 7o. B.RTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) SWEDEN MONGOMERY U.S. within 72 WIDOWED X DIVORCED [ond completely filled ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR remove carbon give street address) dusing most of working life, even if retired) INDUSTRY, nome SILVER SPRING ALTHER WOODLAND Housewixe event, 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY JIM TS? 13e STREET AND NUMBER 13b COUNTY 4823 16th Street. N. W. and in any 14. FATHER'S NAME IS MOTHER'S MA DEN NAME FIRST Middle Middle OR ATTENDING PHYSICIAN: The law requires that the death certificate be Unknown Nelson physician 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, gg, or unknown) 578-62-8066 buriol, cremotian, or removal, Thelma B. Delore 4823 16th Street. 18 CAUSE OF DEATH (Enter only one couse per line for (g) (b), and (c).) BETWEEN DISET AND DEATH PART ! DEATH WAS CAUSED BY NEUMONITIS, IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLERATIC VASCULAR DISEASE. Conditions, if ony, wifich gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to CERTIFICATION 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED. 2Do. AUTOPSY? 2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING certificate has CAUSES OF DEATH? YES T NO ST 21a ACCIDENT WAS UNDERLYING 23b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 50 (If either, natify medical examiner) 21e PLACE OF INJURY (AT NOME, FARM STREET FACTORY.) 21t LOCATION Street or R.F.D. No. 21d .N.URY OCCURRED City or Town County State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from May, 1965, 1a 1967, and that in (my) (aur) apinian death accurred an the date and haur and from the TO FUNERAL DIRECTOR: 22b SIGNATURE. ATTENDING page 3 DEGREE PHYSICIAN'S NAME (Type) director, p 23a BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Oakland Cemetery Warren. Pennsylvania 2-20-1969 C. Glen Carter ADDRESS il Sor. Md. 2Sa RECD BY REGISTRAR VR A15 (4) Klienley Judge Pumphrey, Inc. 8434 Georgia Avenue



			MARYLA	ND STATE DEPARTMENT OF	HEALTH	
7		82525	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAI	LTIMORE, MARYLAND 21201	02520
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physician please aval, and in	16a.	WAS DECEASED EVER IN U.S. ARN es, na, or unknown) (If yes give w	MED FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANT	Address	
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within prained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician and campletely full should be detached far use as the burial-transf permit. Then please remove carbon pourth the State Dept. of Health priar to burial, cremation, or remayal, and in any event, within	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WH.CH OPERATION WAS P		20b IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
See at 1	FRTII	21a. ACCIDENT WAS UNDERLYIN	C DAY THAT OF IN ADV	YES NO	<u> </u>	
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WE BE		22b. SIGNATURE	1	ATTENDING .	MED. STAFF 22c	DATE SIGNED
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nay nay NAL Poe fi		22d. PHYSICIANS NAME (Type)	· Sond Strom on	22e ADDRESS	Correll Are TICE	k md
O HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the hos O FUNERAL DIRECTOR: After this ce director, page 3 should be detache should be filed with the State Dept.		1/1/1		7.4		11.70
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45M 1/69	1 7	-67	1 Organical	DATE DATE		I./ >



CERTIFICATE OF DEATH

Last

20 DATE OF DEATH

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2b. HOUR

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3. 5	EX	4. RACE			S DATE OF BIRTH		6. AGE (In	years	IF UNDER I YEAR	IF JNDER 24 HRS
	Female	Cauca	sian		Jul. 18, 1	L925	6. AGE (In	lay) YRS.	MONTHS DAYS	HOURS MIN
70	BIRTHPLACE (State or foreign 7	6. CITIZEN OF WE	AT COUNTRY? 8.	MARRIED P	E] NEVER MARRIED	9 ((OUNTY OF DEATH			-
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OQII	nission) STATE Maryland	13b. COUNTY	Montgomery	Bethe	sda YES	NO 🗌	7501 Dem	ocrac	y Blvd	
14.	FATHER'S NAME First	Middle	Last	15.	MOTHER'S MAIDEN NAM	ME First		Middie		Last
			Cook							
160	WAS DECEASED EVER IN U.S. ARMEI	D FORCES?	16b. SOCIAL SECURITY NO	17 IN	FORMANT Dem	nocra	cy Blvd. L	athe s	ada, Md	
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	18. CAUSE OF DEATH (Enter only								BETWEEN OF	MATE NTERVAL INSET AND DEATH
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CERTIFICATION	19a. DATE OF OPERATION 19b. CO	INDITION FOR WHI	ICH OPERATION WAS PERFOR	RMED	20g. AUTOPSY?		206 IF YES, WERE FI			RTIFYING
ERTE	C) - ACCIDENT MAC (MIDERIEUM)) 🗆		Yes	_	
MEDICAL	(If either, notify medical examine	r) P.M.	19							
2	21d. INJURY OCCURRED 21e. Pi While To Not while To	LACE OF INJURY	AT HOME FARM, STREET, FACTORY, OFF CE BUILDING, ETC	211. 100			City or Town	7	County	State
	While Not while at wark of work				Fel	bruar	cy 17 Fe			
	22a. I certify that \$\mathbb{Q}\$ (this	hospitol) ofte	nded the deceased the bruary 10 f	tomp:(00A.M.17,1	9 09	, to 12:310.	19 f	59, that	(We) last
22a. I certify that (1) (this hospital) attended the deceased from 200A.M.17, 19 09, to 12: saw the deceased alive on 17 February 19 09, and that in (1997) (aur) apinion death accur causes stated above, (1) (we) (did) (1000 pp) (New the body after death.								i the dat	e and hour (and from the
	226 SIGNATURE	5	11					22_0	ATE SIGNED	10
	1/1	an	La total	PADLER	ATTENDING PHYS	DIRECTI	OR STAFF	ון 2.	-18-	64
	22d PHYSICIAN'S	TRADER	-		22e. ADDRESS					
			M.D. Ph. D				al. Bethes		laryland	3
23a	BURIAL, CREMATION, 236/BA	9/69	23c. NAME OF CEME		REMATORY	23 d	OCATION (City or To	wn)	(Caunty)	(State)
	+ CHIC OTOTI				s's Sons Co					D.C.
24.	FUNERAL DIRECTOR J. Will					D BY REC	SISTRAR 25b RE	G STRAR S S		
	4th and Massachi	asetts A	ve., N.E. W	ashin	gton DATE	0 4	4 1969 🖟	- Contraction	Ear years	-

VR A15 4) 45M 1/69

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.



4 1	Ę	tems 18-22a Film 410MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		02527 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02522
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN Month	Doy Year 2b HOUR
E 2 2 2.	((Type or Print) RAYMOND BOLEN DEATH MATED 2	-7-1969 7AN
deloy	3 5	SEX 4. RACE S DATE OF BIRTH 6 AGE (in years 1 JUNDER YEAR IF JUNDER 24 HIRS 2C DATE PRONOUNCED DEAD lost birthday) MONTHS DAYS HOURS MIN MORNIN DAYS	Yeor 69 2d HOUR
Physical Phy		MALE VY 3/18/22/46 YRS 2-1	19 / A M
Dep 3 -		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED W DIVORCED 9.	000001
Poges viith for	10	CITY OR TOWN OF DEATH II NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120, USJAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
after deoth 3. Give Pogralong with miththe Sta	5	SILVER SPRING- HOLY CROSS during most of working I fe, even if retired)	INDUSTRY
18. Give along with the death.		O USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	0 -
	<u></u>	MD MOOK VIIIE WE WELL THE	BHVE
hours Item 10 Office Tand2	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lacey Bolen IInknown	Lost
S S S	160.	o. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS	
	N	Was man or university (it was man was as defeat of secure) (it was man was as defeat of secure)	item 13e
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (t).) PART I DEATH WAS CAUSED BY Multiple internal injuries incurred	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
d be executed a d "pending" in Chief Medical Es transit permit Fi y event within		PART DEATH WAS CAUSED BY Multiple internal injuries incurred	
XPE G==		Out TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove	
d be Chie		rise to immediate couse (a), (b)	
should be en word "per to the Chief buriof-transit		lost. Due 10, OK AS A CONSEQUENCE OF	
d b		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART I(a)	<u></u>
s certificate e, writing th forwarded t to used as a emoval, and	=		
9 . 5 DE /	CERTIFICATION	190. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		216 TIME OF INJURY Month, Day, Year 216 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2.	YES NO
± ¬ ≥ °	MEDICAL	210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Doy, Yeor PRIMARY RE OF CONTRIBUTING B. OUR A.M. 3:00 PM 2-3 1969 211 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2 Deceased was passenger in Which collided with another	truck r truck.
A 마시트 N E	튛	7 . 10 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	County State
ecute the Poge 4 or yaur R: Poge 101, crem		AT WORK NOT WHILE Street - 750C block MuncasterMill Rd. Rockville	Montg. Md.
= × 0 € 0 € 1		22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection Inquiry	and in my apinian
DICAL E		death resulted from: Natural causes Accident 🗶 Suicide 🔲, Homicide 🔲, Undetermined manner	r 🔲
JTY DIC.		ACTUAL CHIEF MEDICAL EXAMINER CONTROL STANDING CONTROL STANDING CONTROL CONTRO	TE SIGNED
UTY Dny, Derol be Pri		SIGNATURE ACTION	7/0/0
O DEPUTY DICA necessory, please e. the funerol director. 5 may be retoined O FUNERAL DIRECT Health prior to bu		NAME (Type) 3ELDEN K. KEAPMD ADDRESSENCE OF COUNTY) JEG.	1,1769
5 + 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	230	30 BURIAL CREMATION, 23b DATE 23c NAME OF CEMETRY OR CREMATORY 23d LOCAT ON (City or Town)	(County) (State)
		Raj	Leigh W. Va
VR A15ME (5)		4. FUNERAL DIRECTOR 1331 ROCKVILLE PIKE Tyson Wheeler Funeral H one Rockville, Md. 250 RECD BY REGISTRAR DATE FEB 13 1969	s s GNATORE
10M REV. 1/68		A CKVIIIE, MG. PART CO TOOP	13 "





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02521 CERTIFICATE OF DEATH Last 2a. DATE OF DEATH DECEASED-NAME First Middle 2b. HOUR requires that the death certificate be executed within 24 haurs after death Feb. Manth 18 Day 2:15am (Type or print) 69rear Bouis Paul MINUT 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years IF UNDER 1 YEAR White 6-7-95 Male last bighday) and completely filled in by the bear of the complete for the pages. 7a. BIRTHPLACE (State or foreign **7b CITIZEN OF WHAT COUNTRY?** 9. COUNTY OF DEATH 8. MARRIED 1 NEVER MARRIED country copy and la. IISA Montgomery WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during most of working life even if retired.)
al Guard Industrial give street address) Olney Montgomery General Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER Silver Springs 13b. COUNTY
Montgomery 1911 Marymont Rd. 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Last Middle Robert Bouis the attending physician of sit permit. Then please that the please that the please that the property of the pr Edward Address | Q | | 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Nora Bouis Yes, na, ar unknown) Wasside Contractor 218-20-0294 18 CAUSE OF DEATH (Enter only one cause per line for (q), (b) and (c).)
PART I. DEATH WAS CAUSED BY BETWEEN OUSET AND DEATH NEWVO IMMEDIATE CAUSE (O) DUE TO, OR AS A CONSEQUENCE O Canditions, if any, which gave) burial-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 has been 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 TO HOSPITAL OR ATTENDING PHYSICIAN; Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ā OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, \ 21f LOCATION Street or R. F.D. No. State City or Town Caunty While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from. , and that in (my) (aur) opinian death accurred on the date and haur and fram the saw the deceased alive an causes stated abave, () (we) (aid) (diame) view the bady after death. 22b. SIGNATURE 22c, DATE SIGNED ATTENDING PHYS MED DIRECTOR DEGREE director, page should be filed PHYSICIAN'S Dr.Charles Ligon 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town 23a. BUR AL, CREMATION Parklawn Cemetery 1969 25g REC'D BY REGISTRAR DAFEB

í . . . 11.

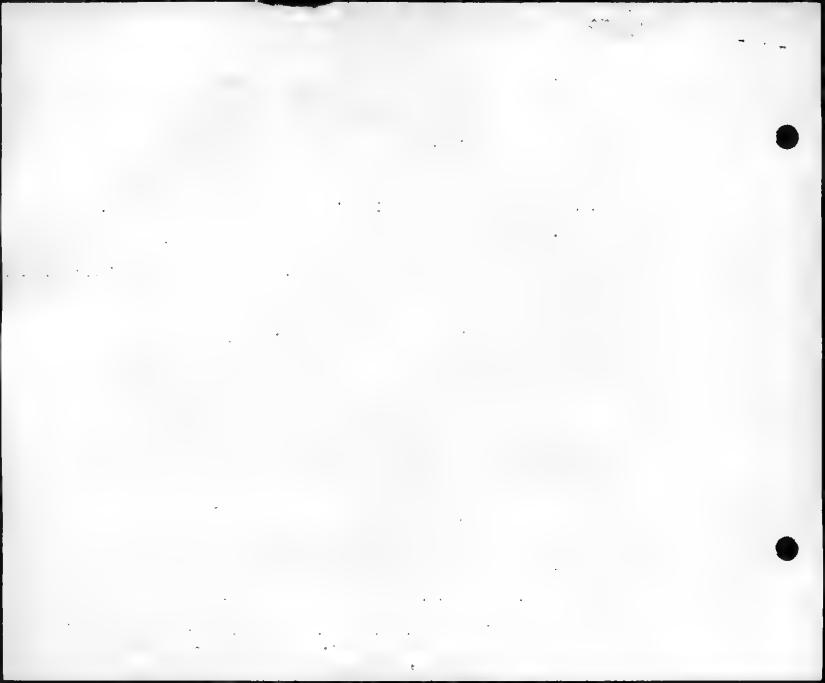
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02525 02530 CERTIFICATE OF DEATH DECEASED-NAME Middle First 2a DATE OF DEATH 2b HOUR requires that the death certificate be executed within 24 haurs after death. and completely filled in by-the funeral remave carban papers' Pages I and in any event, within 724 own after deat (Type or print) Month 69 3. SEX 4 RACE IF UNDER 1 YEAR 6. AGE (In years last birthoay) MONTHS DAYS HOURS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED 54 DIVORCED [10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most at working lite, even if reflect.) INDUSTRY. 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13e. STREET AND NUMBER and in any 14 FATHER S NAME 1S. MOTHER'S MAIDEN NAME First First Middle signed by the attending physician burial-transit permit. Then please 16a. WAS DECEASED EVER IN 11 ARMED FORCES?
Yes, no. on unknown) (If yes give wer at dates of service) Yes, na, gy unknawn) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UVACARDITUS Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) SENILL TO FUNERAL DIRECTOR: After this certificate has been the CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO Z 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. be retained by the haspital Month Day Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark at wark 22a. I certify that (I) (this hospital) attended the deceased from APRIAL, 1967, to FEB. saw the deceased alive an FEB. 11 1969, and that in (my) (our) apinion death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did-not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 2-11-69 DEGREE PHYS. 22d PHYSICIAN S 22e. ADDRESS NAME (Type) directar, should b 23c BURIAL, CREMATION, 23b DATE NAME OF CEMETERY OR CREMATORY LOCATION (City or Town (County) (State) REMOVAL (Specify) 24. FUNERAL DIRECTO 2Sb. REGISTRAR'S, SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02526 82531 CERTIFICATE OF DEATH DECEASED NAME Middle 2a. DATE OF DEATH 2b HOUR death, (Type or print) ACOB 24 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR JE LINDER 24 HRS WHITE O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burnal-transit permit. Then please remaye carban papers. Pages should be filed with the State Dept. of Health griar to burnal, crematian, ar remayal, and in any event, within 72 hours after last bigthday) MONTHS HOURS 5-15-7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH ^{8.} Married 🔯 Never Married 🗌 MONTGOMERY POLANO WIDOWED 1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired)
RCT-MERCHANT INDUSTRY SCYQD law requires that the death certificate be executed maith 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Monty SILVER SPring 14. FATHER'S NAME Middle BEREL RENNER 166. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no. or unknown) 9-60 907 Whitehal APPROX MATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) 10 40 Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🔲 NO 🗔 be retained by the haspital or 21o. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Yeor P.M (If either, notify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY County Stote City or Town While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from Hame 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS. PHYS. 22e. ADDRESS Page 4 may 22d. PHYSICIAN S NAME (Type) /SI DORE HULMA PLAT CREMATION 23c NAME OF CEMETERY OR FREMATORY (County) (State) REMOVAL (Specify) ELESevetand Cometery DANZANSKI ADDRESSOUS" 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68 1969



MARYLAND STATE DEPARTMENT OF HEALTH 02532 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02527 CERTIFICATE OF DEATH I. DECEASED-NAME First Midd e Last 2a. DATE OF DEATH death. 2b. HOUR requires that the death_cectificate be executed within 24 hours after death in by the funeral ers Pages I and (Type or print) Month TAMES TJOYD BREWER FEBRUARY 1969 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF JINDER 1 YEAR IF UNDER 24 HRS last buthday) HOUKS MATE CAUC 21 AUGUST 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED T NEVER MARRIED TX country) UNITED STATES WIDOWED [T DIVORCED [77] FLORIDA MONTGOMERY and completely filled 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g USUAL OCCUPATION (Kind of work dane 12b K ND OF BUSINESS OR give street address) during most of working life, even if retired) INDUSTRY corbon NAVAL HOSPITAL RETHESDA 130 USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admissian) STATE **COUNTY** YES 🔽 NO remove WASHINGTON 160 CLAGETT ST. In ony 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First M ddle MARGARET CHARTES LIOYD BREWER BROOKSHER ANN 16b. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) 106 CLAGETT ST. WASH. D.C CHARLES L. BREWER 1B. CAUSE OF DEATH (Enter only one cause per fine for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HEART FAILURE IMMEDIATE CAUSE (0) burial, cremotion, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) signed by the burial-fronsit p CONGENITAL CYANOTIC HEART DISEASE rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196 CONDITION FOR WHICH OPERATION WAS PREPRINTED 19a DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 FEB 69 CONGENITAL CYANOTIC HEART YES X NO I this certificote 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) (AT HOME, FARM STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 2 d INJURY OCCURRED 21e PLACE OF INJURY City or Tawn Caunty State While Nat while at wark O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased framl. FEBRUARY, 169., ta21. FEBRUARY 969., that (I) (we) last saw the deceased alive an21. FEBRUARY 1969, and that in (my) (aur) apinian death accurred an the date and haur and fram the be retained causes stated abave, (1) (we) (did) (did not) view the bady after death 226 SIGNATURE 22c DATE SIGNED **ATTENDING** STAFF PHYS director, poge s 22 FEBRUARY 1969 DIRECTOR PHYS TO HOSPITAL Poge 4 may 1 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) NAVAL HOSPITAL. BETHESDA. MARYLAND 23a BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City at Town) (County) (State) VIRGINIA ARLINGTON ARLINGTON NATL. CEM. Pumphrey72557 Wisconsin Ave. FEB 26 BY ALGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 45M 1/69 Bethesda, Md 45 M



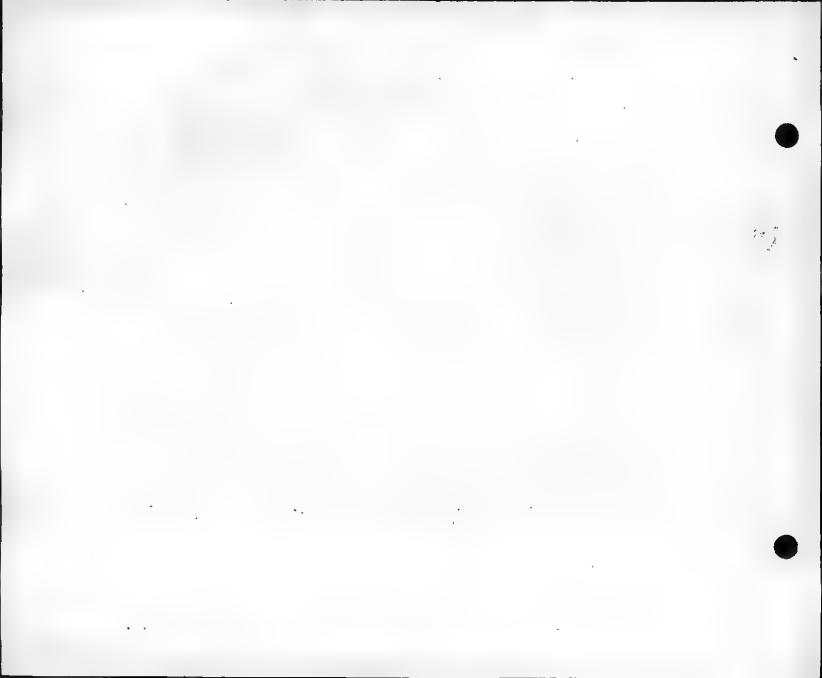
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02528 CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH DECEASED-NAME First 2b. HOUR death. by the funeral within 24 haurs after death Month 15tay 69 Briggs (Type or print) Vinnie Agnes ofter S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3 SEX 4. RACE 1888 June 1St Jost birthdoy) White Female dietely filled in by the rarban papers Page ent, within 72 haurs a 9 COUNTY OF DEATH 70. BIRTHPLACE (State or foreign country) Hary Land 7b. CHIZENSOF WHAT COUNTRY? 8 MARRIED A NEVER MARRIED WIDOWED DIVORCED (Montgomery 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol give street oddress) Potomac Vallay 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Rockville remayer arban House 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before odmission) STATE (1) 13b COUNTY) 13e, STREET AND NUMBER 13d INSIDE CITY EMITS? X 2 E. Diamond Gaithersou IS, MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Lost Sallie King Andrews George please requires that the death certificates physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT (If yes give war or dates of service) Yes, no, or unknown) ar remayal. Gaithersburg Jesse signed by the attending phy burial-transit permit. Then APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) is sclevotic Heart disease Conditions, if ony which gove rise to immediate cause (a), attending physician. stating the underlying couse portension PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) as the has been 19o, DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES I of Health O FUNERAL DIRECTOR: After this certificate by the hospital or ATTENDING PHYSICIAN: 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) ā TOR CONTRIBLITING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) detached (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e, PLACE OF INJURY County Stote City or Town While Not while to work ot work 22a. I certify that (I) (this haspital) attended the deceased from 1967, and that in (my) (aur) opinion death occurred an the date and hour and from the be retained director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S 14.0 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23b. DATE (County) 23o. BURIAL CREMATION. REMOVAL (Specify) Gai thersburg FEBBY REGISTRATISHED THE STORY OF THE PERSON Forest Ook 24. FUNERAL DIRECTOR. VR A15 (4) 30M REV 1968



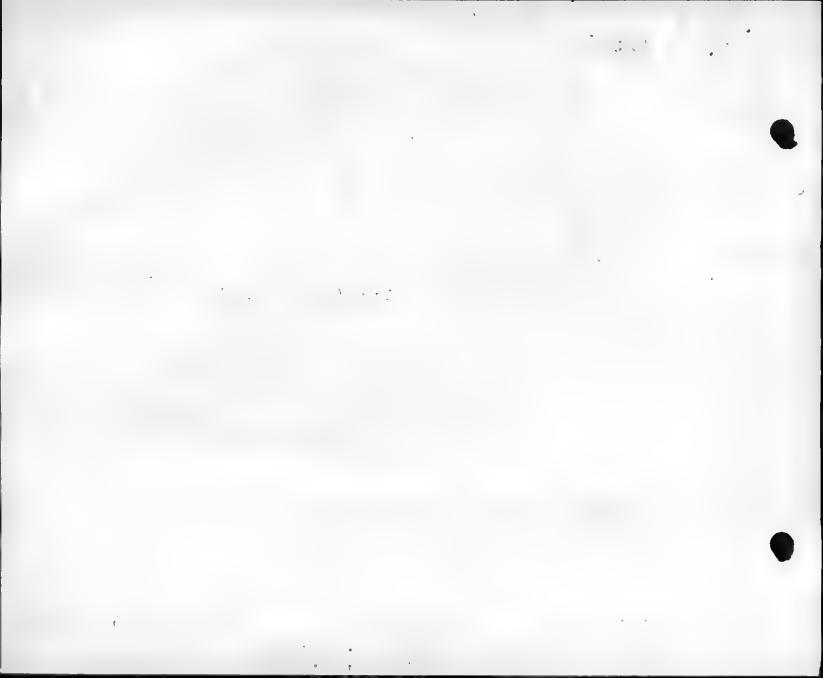
VR A15ME (5) 10M REV 1768



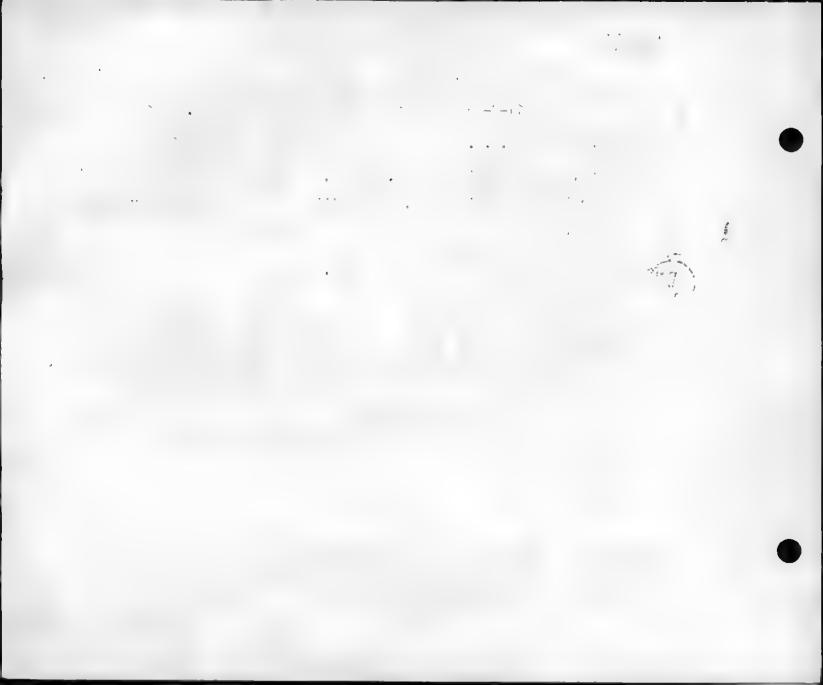
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02530 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20 DATE OF DEATH deoth. 2b. HOUR within 24 hours after death in by the funerol (Type or print) Month Yeor 11:40 ft.M rosiu 1969 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthdoy) DAYS HOURS MONTHS 1882 hours 36 YRS 70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED 9 COUNTY OF DEATH ove corban papers WIDOWED Z DIVORCED [lontaomeru fely filled i. 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress during most of working ife, even if retired) INDUSTRY CONFIDERT 1003 EU OF PARPIST 130. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before romplet 3d INSIDE CITY JIMITS? 13e STREET AND NUMBER executed STATE COUNTY pleose remove and in ony 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First M ddle sigmed by the attending physician and buriol-tronsit permit. Then please rem The law requires that the death certificate be mion 160. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO INFORMANT Yes, no. osunknown) 579-14-6148 or removal SAME APPROXIMATE NTERVAS 1B. CAUSE OF DEATH (Enter on y one couse per line for (o) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) cremation, DUE TO, OR CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF physician stoting the under ying couse burnol PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE OR CONDITION GIVEN IN PART 1(a) attending g prior to i as the has been 190. DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. F YES, WERE FINDINGS CONSIDERED A CERTIFYING CAUSES OF DEATH? for use Health 156 YES 🗀 NO | TO FUNERAL DIRECTOR: After this certificate be retained by the hospital or 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injusy in Port 1 or Part 2, Hem 1B.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Dov Yeor jo (If either, notify medical examiner) PM detached director, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET FACTORY 21f LOCATION Street or R.F.D. No. City or Town County Stote OFFICE BUILDING, ETC While Not while to work of work -22a. I certify that (I) (this hospital) attended the deceased fram 9/25/68, 19 ta_2/3/69, 19 mai (i) (we) inside the deceased alive an analysis of the date and have and from the OR ATTENDING saw the deceased alive an and that causes stated abave, () (we) (pld) (diamon) view the bady after death. 226 SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS DIRECTOR PHYS Page 4 moy PHYSICIAN S 22d 22e ADDRESS NAME (Type) 230 BURIAL CREMATION 23b DATE NAME OF CEMETERY OR CREMATORS 23d LOCATION (Crty or Town) (County) (State) REMOVAL (Specify)
Burial Mount Olivet Cemetery Washington, D.C. 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 1969 45M



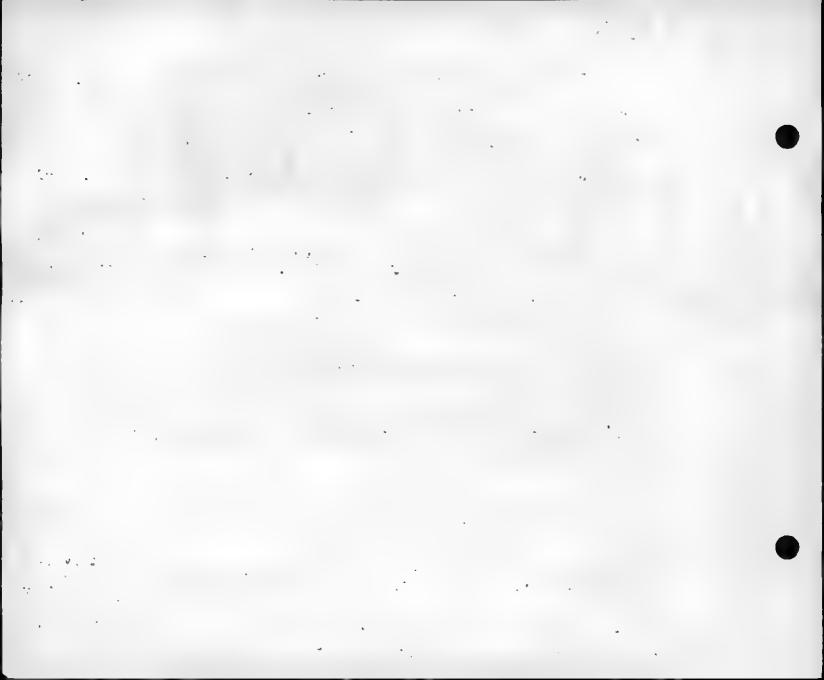
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02531 CERTIFICATE OF DEATH DECEASED NAME Middle lost 2o. DATE OF DEATH 2b. HOUR death, death (Type or print) NONC transit permit. Then please remove carban papers. Pages 1 cremation, or remaval, and in any event, within 72 haurs after 4 RACE IF LINIDER 1 YEAR IF UNDER 24 HRS. 5. DATE OF BIRTH 6. AGE (In years lost birthdoy) MONTHS HOURS DAYS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🗀 NEVER MARRIED 🖼 nonto 45 WIDOWED DIVORCED F 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired.) a ve street address) 130. USUAL RESIDENCE (Where deceased lived, of institutions Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER law requires that the death certificate be executed odmission) STATE 13b COUNTY YES TIK NO! 14 FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First JEAN 16b SOCIAL SECURITY NO. 17 INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war at dates of service) Yes, no. or unknown) above Father death. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY Immature birth (1 lb 4½ ozs), neonatal PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burral-transit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 💢 NO [detached far use te Dept. of Health 21a, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOLR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work 220. I **certify** that (1) (this hospital) attended the deceased from 2-1 sow the deceased alive an 19, and that in (____, 19<u>64_,</u> to__ and that in (my) (our) opinion death occurred on the date and haur and from the director, page 3 should should be filed with the couses stated above, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN S SeminAR NAME (Type) 23d LOCATION (City or Town)
Silver Spring, 23h DATE 23c NAME OF CEMETERY OR CREMATORY (County) 23o. BLRIAL, CREMATION, Maryland REMOVAL (Specify) 2/6/69 Gate of Heaven 250. RECD BY REGISTRAP 1968256. REGISTRARS-SIGNATURE 24 FUNERAL DIRECTOR
Tyson Wheeler Funeral Home 1331 VR A15 (4) Rockydlle Md.



VR A15ME (5) 10M REV. 1/68



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1	H		02538	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, B ERTIFICATE OF DEAT		00500
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분 등 분	-		CEASED-NAME First ype or print)	Middle	Last	20 DATE OF DEATH Dow	2b. HOUR N
der der			Edward	· · · · · · · · · · · · · · · · · · ·	Burch	February 8	1969 12:20
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rs a Page Irs a			Male	White	October 1	, 1918 50 YRS.	
hou to by		/a. t	itry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
24 ed i	-	\n (Kentucky ITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL OR INS	WIDOWED DIVORCED	Montgomery USUAL OCCUPATION (Kind of work done	Md.
	,	10. (give street oddress) The Clinical	durin	ng most of work ng life, even if retired) Lab technician	12b KIND OF BUSINESS OR INDUSTRY
wit wrbd urbd wrth	*	13n	Bethesda IISHAL RESIDENCE (Where deceased	d lived/ if institution. Residence before	Center, NIH	Lab technician CITY LIMITS? 13e STREET AND NUMBER	Chemical
e executed within 24 hours after death. and completely filled in by the funeral remove carbon papers. Pages 1 and 2 n any event, within 72 hours after death.	. 4"	odmi	ssion) STATE Kentucky	13y COUNTY	Louisville YES		
S P P	_,	14. [ATHER 5 NAME First	Middle Lost	15. MOTHER'S MAIDEN NA		Lost
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ate ician eas and	ľ		WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b SOCIAL SECURITY N		edical Record Address	
fiffic hysi vat,		ĭ	es, na, ar unknawn) (H yes give war Yes 1941 =	or dates of service) 400 – 28 – 41		Center, NIH, Bethes	da, Maryland
re- ra- imo				ane cause per line for (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath andir ar re	- 1		PART I. DEATH WAS CAUSED IMMEDIATI	BY: Cardiac Fai	lure - Arrest		24 - 48 Hrs.
atte atte an,			4100	DUE TO, OR AS A CONSEQUENCE OF			
the the material	-1		Canditions, if any, which gave a nise to immediate cause (a), ((b)	cular Aneurysm		3 Years
requires that the death certificate be executed within 24 hours after death. 9 physician. 1 signed by the attending physician and tangeletely filled in by the funeral burial-transit permit. Then please remove tarbon papers. Pages I and 2 burial, cremation, ar removal, and in any event, within 72 hours after death.			stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	t		10 Years
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itan: The law repital or attending rificate has been dear use as the after the death priar ta	71	CERTIFICATION	2/\$/69 Co	oronary Artery Dis		CAUSES OF DEATH? Yes	
dN: Tall or cate or us			210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		(Enter nature of injury in Port 1 or Part 2, Ite	em 18.)
rSICIAN: aspital or certificate hed far u	_	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Manth Doy Year P.M. 19			
YS lose lose		ME	21d INIURY OCCURRED 21e P	LACE OF INJURY (AT HOME, FARM, STREET, FACT	ORY.) 21f LOCATION Street or R.F.C	O. No City or Town	County State
the the details the De			at wark of wark				
Se fe SE			22a. I certify that (I) (this	haspital) ottended the decease	d from 27 January, 1	19 <u>69</u> , to <u>8 Feb.</u> , 19 <u>6</u> Opinion death occurred on the date	9_, that () (we) last
ned ned living the the			causes stated above,	(did) (did) (did) view the b	oody after deoth.	opinion death occurred on the date	e and floor ond from the
AT retail			22b. SIGNATURE	4 0	C ATTENDING	MED. STAFF ED O 371-	ATE SIGNED
OR be r			Madley	M Koderks Mi	DEGREE PHYS	DIRECTOR LI PHYS, MC O I'M	ebruary 1969
PITAL OR ATTEND may be retained ERAL DIRECTOR: A it, page 3 should it be filed with the S	7		22d. PHYSICIAN'S NAME (Type) Bradlev	M. Rodgers, M. D	22e. ADDRESS Th	ne Clinical Center, bees of Health, Bethe	National
OSP JNE order	′	. 224	BURIAL, CREMATION, 23b. DA		EMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
ro Hospital (Page 4 may by Forester, page shauld be file shauld be file	- 1		REMOVAL (Specify) Tro?	h 11 1060 ST A	NDREW CEMETER	Y:LOUISVILLE-Jefj	4
,	ŀ	24.	FUNERAL DIRECTOR PR	F. Home: Joursuit	Ti obyg 1 250. RE	C'D BY REGISTRAR 25b. REGISTRAR'S SI	IGNATURE
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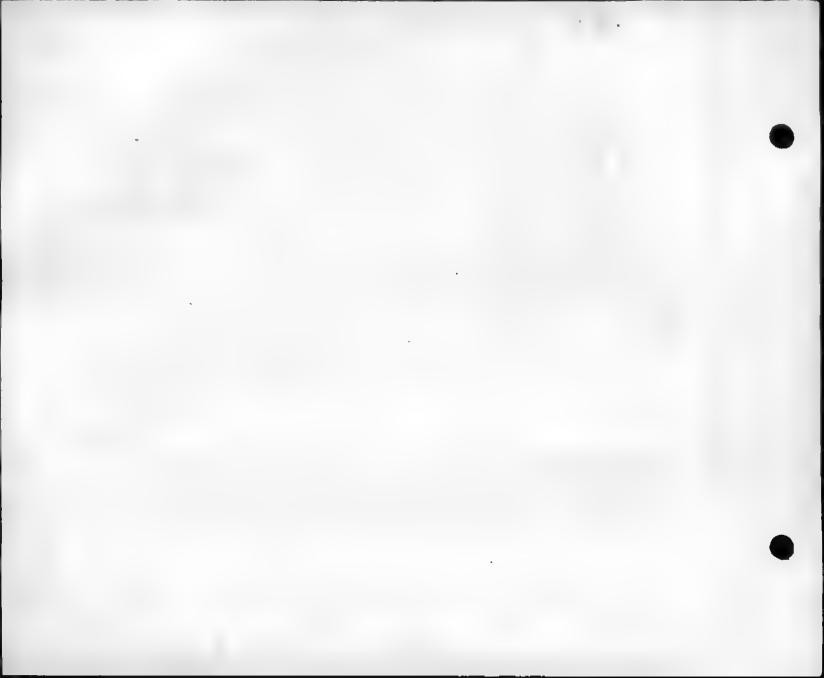


MARYLAND STATE DEPARTMENT OF HEALTH

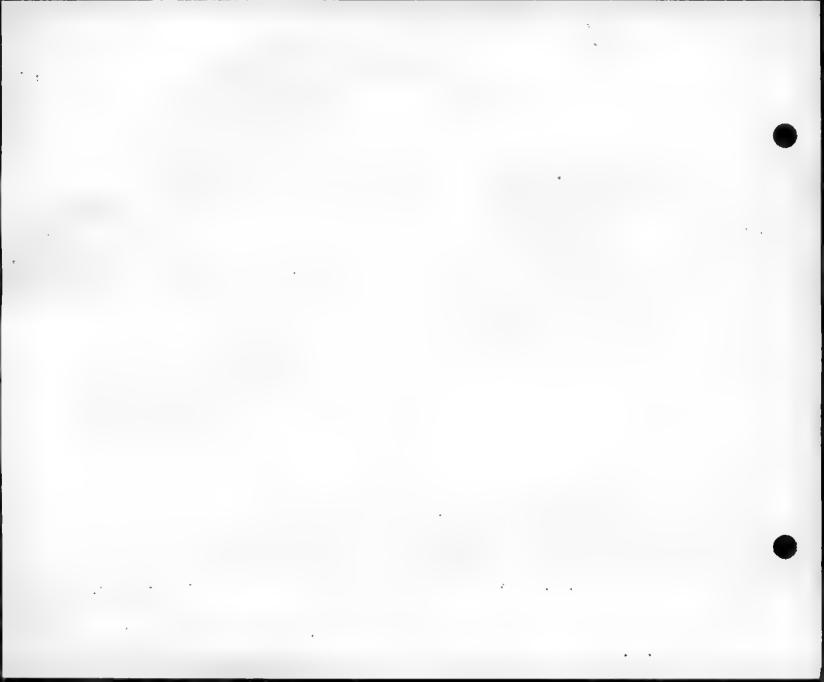
VR A15 (4) 30M REV. 1768



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item6 FilmCh10 3/4/69 kk 02535 CERTIFICATE OF DEATH 1 DECEASED-NAME Middle 20 DATE OF DEATH 25. HOUR O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours-after death. (Type or print) - Month 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years F JNDER YEAR Last birthdov) 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED T DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 28 KIND OF BUSINESS OR give street address) INDUSTRY 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR FOWN odmission) STATE COUNTY 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Lost 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) [If yes give war or dates of service] 578-18-8093A APPROXIMATE INTERVA. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any which gove rise to immediate cause (a), stoting the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART HOL by the hospital or attending O FUNERAL DIRECTOR: After this certificate hos been os the 196, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [7] NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased fram..... ____. 19*CsE*__. to_ 1/ saw the deceased alive an 2/2/ 1964, and that in (my) (aur) apinion death occurred on the date and hour and from the Poge 4 may be retained causes stated above, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE_SIGNED director, poge should be filed DEGREE DIRECTOR 22d PHYSICIAN S 22e, ADDRESS 23o. BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 2-24-69 CEDAR HILL CEMETERY 2So REC D BY REGISTRAR



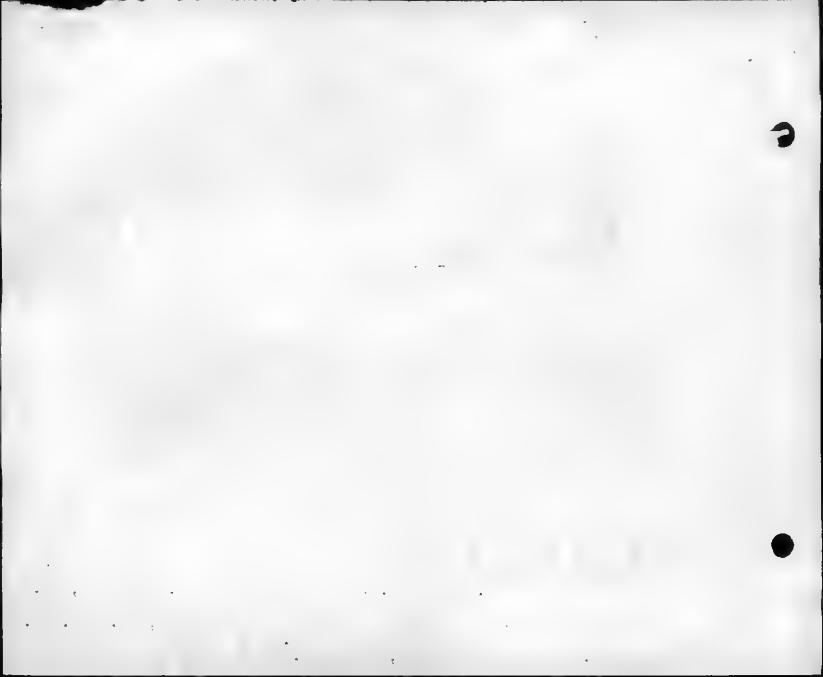
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02541 CERTIFICATE OF DEATH 02538 1. DECEASED NAME First Middle signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remave carbon papers. Pages I and 2 Lost 20 DATE OF DEATH 2b. HOUR OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death (Type or print) MARTHA FEBRUARY Mooth **JEAN** CARNELL 1969 9 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years last birthday) F JNDER YEAR DISMATATE CAUCASIAN 2 OCTOBER 1936 7b. CITIZEN OF WHAT COUNTRY? 7c BIRTHPLACE (Stote or foreign MARRIED X NEVER MARRIED 9. COUNTY OF DEATH COUNTY SOUTH CAROLINA USA WIDOWED [DIVORCED [MONTGOMERY 10. CITY OR TOWN OF DEATH 120 USUA, OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR give street oddress) during most of warking life, even if retired) INDUSTRY BETHESDA, MD. HOUSENTEE 130 USJAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER in ony even odmission) STATE 13b. COUNTY YES T RICHMOND NO -1603 CHARLES STREET 14. FATHER S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle Lost RICHARD DAVIS CULLOM ELIZABETH FRANCIS ARRINGTON ond 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give wor or dates all service) or removal, 227 46 2796 DENNIS M. CARNELL. 1603 CHARLES ST. RICHMOND 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b) ond (c))
PART I. DEATH WAS CAUSED BY. Widespread Metastatic Carcinoma of Breast PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to 10 HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🛣 NO [Health YES 216. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Jem 48) 21h TIME OF INJURY OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No City or Town State County While Not while of work 220. I certify that (f) (this haspital) attended the deceosed fram. and that in (m) (our) opinion death accurred an the date and hour and from the saw the deceased alive ancauses stated above, (1) (we) (did) (36766) view the bady after death. 22h SIGNATURE 22c DATE SIGNED **ATTENDING** MED DIRECTOR 9 February 69 DEGREE director, pmgm should be fried PHYS 22d PHYSICIAN'S 22e. ADDRESS D. L. HORTON LT MC USN Naval Hospital, Bethesda, Md. NAME (Type) 23o. BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY Lendale 23d. LOCATION (CITY OF TOWN) (County) (Stote) REMDETE TEACH) Kaver Ray National Cemetery, Richmond, Va. FUNERAL D.RECTOR REC D BY REG STRAR 25b REGISTRAR 5 SIGNATURE Collegellas Vacates



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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中でで			ECEASED-NAME First Middle 2 Lost 2a DATE OF DEATH 2b. HOUR					
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173- 5		3 5	X ARACE S DATE OF BIRTH 6 AGE (In vegins 1 of Judge veril E under 24 HRS					
v the Pages			lost birthday) Months Oays Hours Min					
Pag 4		7.	The state of the s					
hoc in b			BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED 79. COUNTY OF DEATH					
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cuted v mplete ve corl event,	, , , '	130	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c (TY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER					
		odm	STATE Ind 136 COUNTY Mont Bockerelle YES NO 6307 Hentrawa					
7 6 6	. ,	14.	ATHER'S NAME, First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost					
3 6								
D S O		160	WAS DECEASED EXPR IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO 17 INFORMANT Address					
physician sa physician sa len please re			es, no or unknown) (It yes growing dates are the service) 212-05-4228					
ph byo		⊨	ga muna cape au					
and			THE CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH					
eath indi			PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL LNIARCTION SEPTAL 14 DAYS					
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hot .r. y f			lise to illimediate conse (d),					
			stating the underlying cause lost (c) CORAMARY ARTERIOSCLEROSIS 2 YEARS					
equires that the physician. signed by the burial-fransit burial, cremat			PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(a)					
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e la ten(ss b	. /	2	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERT FYING CAUSES OF DEATH?					
F to the F	/	CERTIFICATION	TEM NO .					
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IYS Tools The		₹	ALL MUDDLAGG (DDV) A DELEG OF MUDDLE ALL COMP CARL COMP					
this eta			The INJURY OCCARRED 21e. PLACE OF INJURY (A HOME NARW, SIREE, FACCURY.) 23f. COCATION Street or R.F.D. No. (ity or Town County Stote of work and work all work and wo					
NG N the			22a. I certify that (I) (this-hospital) attended the deceased from 2 (3), 1969, ta 6 (3), 1969, that (I) (we) last					
Afr Afr B Si			sow the deceased alive and 196 1, and that in (my) (our) apinion death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death.					
ed Se di			causes stated abave, (I) (we) (did) (did-not) view the bady after death.					
OR ATTEL be retoine DIRECTOR: ge 3 shoul led with th			226 SIGNATURE 220 DATE SIGNED					
			DEGREE PHYS DIRECTOR D STAFF D 181-73 1969					
	1		22d PHYSICIAN'S 22e ADDRESS					
FRA ERA d be	/		MAME (Type) ROBERT G. ANGLE, M.D. 5009 DelRay Ave. Bethesda, Md.					
Page 4 may be TO FUNERAL DIR director, page should be fried		23a	BUR AL (REMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (State)					
Page O FUN direct			Cremation 2-18-69 Cedar Hill Crematory Suitland, Pr. Geo. Md.					
F =	20		FUNERAL DIRECTOR 755 ADDRESS CONCID ATTOM DECISION OF DESCRIPTION OF DESCRIPTION					
VR A15	XOX		OBERT A. PUMPHREY, Bethesda, Maryland DAN FEB 2 1 1969					
	101	T	CORRECT A. TOTAL MICEL, DELITERATE, PLATFY LANCE OF THE PROPERTY OF THE PROPER					



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02533

CERTIFICATE OF DEATH I. DECEASED NAME First 2a. DATE OF CEATH 2b HOUR papers. Pages I and 2 nn 72 hours after deoth. within 24 naurs after deoth (Type or print) 6. AGE (In years lost birthday) S. DATE OF BIRTH SE UNDER 1 YEAR IF UNDER 24 HRS FEMALE 50" YRS. 70 BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED WIDOWED X DIVORCED nuNT OU MORU 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12g USUA, OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address) during most of working use even if retired) 13a USUAL RES DENCE (Where deceased lived, if institution: Residence before event, 13c CITY OR TOWN 13d INSIDE (TY LAMTIST 13e STREET AND NUMBER admission) STATE YES 2 NO 14 FATHERS NAME Lost IS MOTHER'S MAIDEN NAME FIRST LNKHOWN O HOSPITAL OR ATTEMBING INVSICIAN: The law requires that the death certificate be 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) _ Canditians, if any, which gove) rise to immediate cause (o), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO . 210 ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injusy in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year 21d INJURY OCCURRED
While Not while at work 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town (a.intv State O FUNERAL DIRECTOR: A 226 SIGNATURE 22c DATE SIGNED Let to 1 DEGREE 22d. PHYSICIAN S 22e ADDRESS director, po should be f NAME (Lype) 23d LOCATION (CTY or Town 23a BLRIAL, CREMAT ON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY CLY GROSS CENETERY

VR A15 (4) 45M 1/69



SANTA

25b REGISTRAR'S S GNATURE

250 REC D BY REGISTRAR

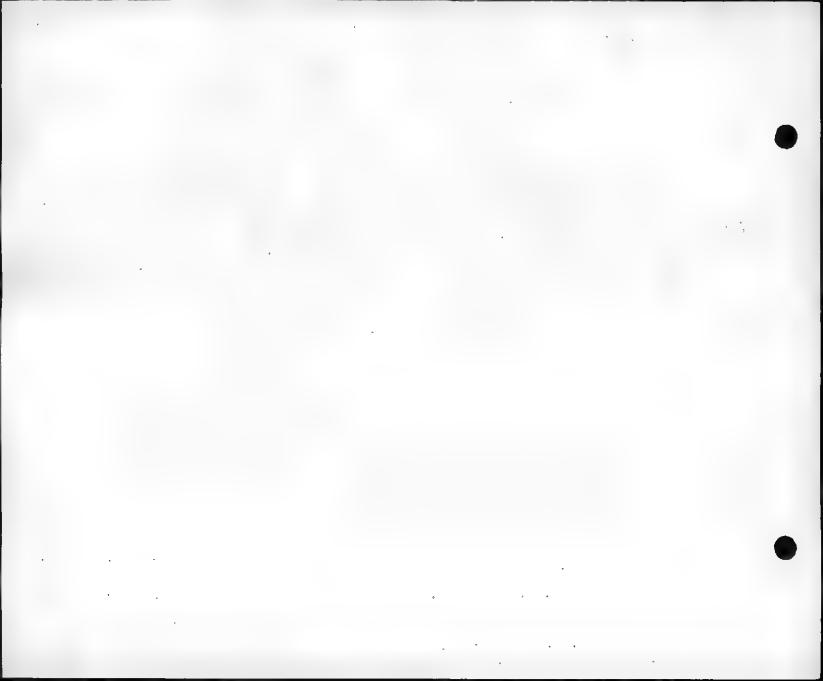
VR A15 (4)

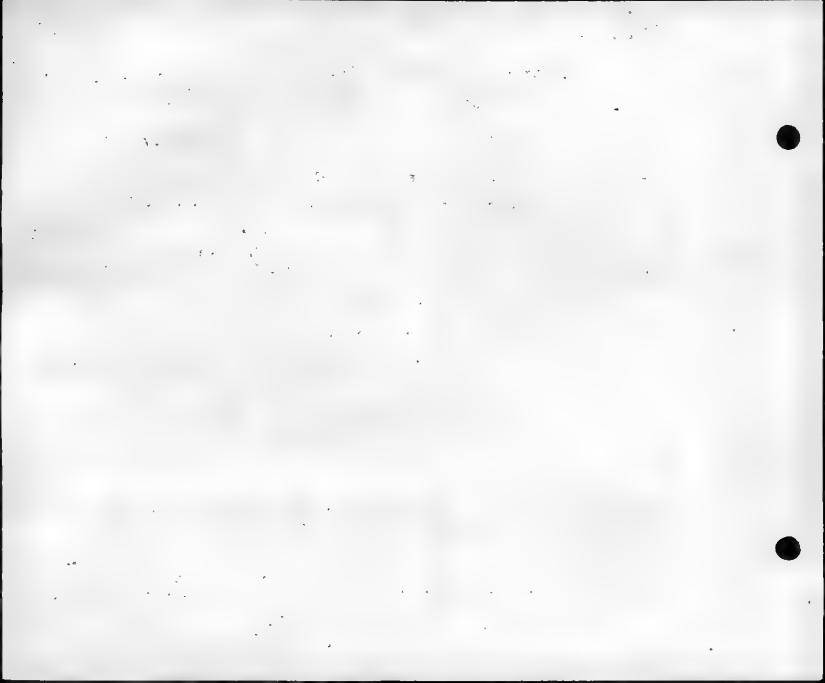
REMOVAL (Specify)

W. W. CHAMBERS CO. ADDRESS

1400 Chapin Street, N. W. Washington, D.

24 FUNERAL DIRECTOR



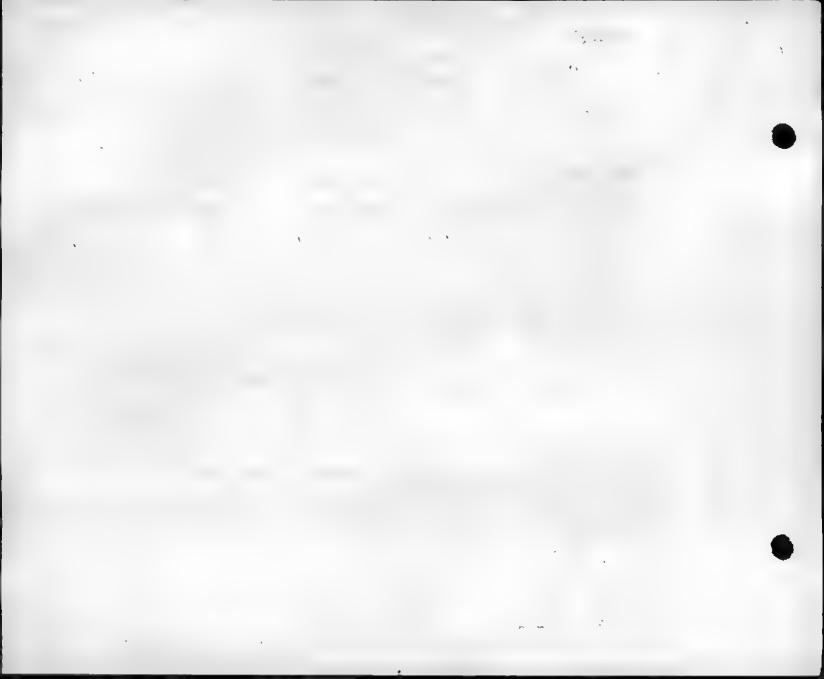


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02541 82546 CERTIFICATE OF DEATH DECEASED-NAME death. 20. DATE OF DEATH 26 HOJR within 24 hours after death (Type or print) event, within 72 hours after 4 RACE 5. DATE OF BIRTH 6. AGE (in years IF LINDER YEAR IF UNDER 24 HRS east birthdoy) MONTHS HOURS YRS. 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIROWED DIVORCED [12a. USUAL OCCUPATION (Kind of work dane 10 CITY OR LOWN OF DEATH not in baspital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY sempletery 13a US.A. RESIDENCE (Where deceased remove car CITY OR TOWN ved, if institution Residence before 3d INSTDE CITY LAK TS7 3e STREET AND NUMBER cuted STATE admissian) 13b COUNTY and in ony ATTENDING PHYSICIAN: The law requires that the death certificate be exe 14. FATHER S NAME IS MOTHER'S MAIDEN NAME FIRST Middle Middle puo physicion 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no. or unknown? burial, cremation, or removal, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction recentedly Left Myocardium. 10 day & Interventricular Septem DUE TO, OR AS A CONSEQUENCE OF (b) Coronary Arteriosclerosis, mark with occlusion
DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) burial-trons₁* rise to immediate cause (a), O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. signed by stating the underlying cause PART 2 OTHER SIGNIFICANT COND TIONS CONTRIBUTING/TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) has been be detoched for use as the State Dept. of Health prior to 1% DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🐷 NO [certificate 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of miury in Part 1 at Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Dov Year (If either, notify medical examiner) 21d MAJRY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET FACTORY.) 21f LOCATION Street or R.F.D. No City or Town County State While Not while at work director, page 3 should should be filed with the TO FUNERAL DIRECTOR: couses stoted above, (1) (we) (did) (d d not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c NAME OF CEMETERY OF CREMATORY Brooke Grove 23a BURIAL, CREMATION 23b. DATE 23d, LOCAT ON (City or Town BUTOHSVIII



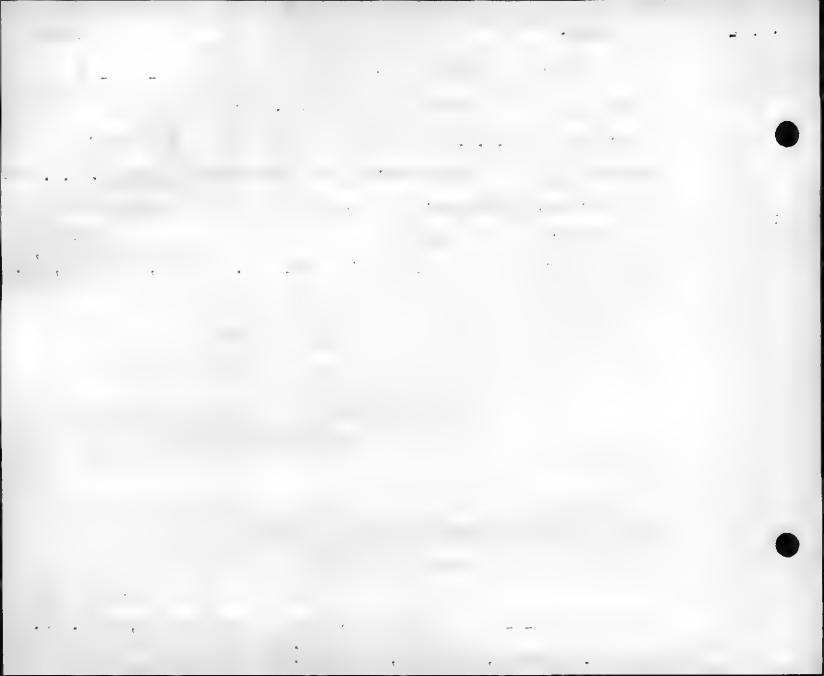
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02542 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. DECEASED-NAME Middle First Lost 2e DATE KNOWN Month Year 25 HOUR (Type or Print) any delay is and 3 to ESTI-Page ROSALIE DEATH MATED Teb. CLARK 7, 196 Department 4. RACE IF JINDER I YEAR IF UNDER 24 HRS 3 SEX 5 DATE OF BIRTH 6 AGE (In years 2c DATE PRONOUNCED DEAD PM3 last birthday) 7-30-1887 Female. Cauc. 1969 YRS 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED 9 COUNTY OF DEATH xaminer's Office along with farm Give Pages 1, country) Ohio Montgomery U. S. WIDOWED [DIVORCED [with the State be executed within 24 haurs after death 10. CITY OR TOWN OF DEATH 120 USBAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working ite, even fretired)
Retired INDUSTRY Bethesda Chester Road 130 USJA, RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 3d INSIDE CITY . M TS? 13e STREET AND NUMBER odmission) SIATE Mary Land 3 10 nt gome ry pentil in Item 18. 7514 Old Chester Rd. Bethesda YES 3 NO l and 2 after 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Middle William W. McFarland Anetta Clark pades 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Husband ADDRESS (Yes, no, or unknown) 213-48-1703 Omer W. Clark Same as Item 13. APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit BETWEEN ONSET AND DEATH shauld be farwarded to the Chief Medical "pending" PART I DEATH WAS CAUSED BY Insufficency COSODAFY Sudden IMMEDIATE CAUSE (6)_. DUE TO, OR AS A CONSEQUENCE OF **burial-transit** Cardio Vasculai Disease. Conditions, if any, which gove) 4ears rise to immediate couse (a), execute the certificate, writing the ward This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 S removal, CERTIFICATION be used 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES [NO [38 21b TIME OF INJURY Month, Day, Year 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. DICAL EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE AT WORK burial, 220. I certify that I took charge of the remains described above, held an Autopsy [1]. Inspection . Inquiry [and in my apinion the funeral director. Natural causes X. Accident 7. Suicide 7. death resulted fram-Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b, DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Feb. 7. 1969 DEPUTY MED CAL EXAMINER [33] Health **EXAMINER'S** JOHN G. BALL NAME (Type) ADDRESS(Street, city, town, or county) Bethesda. 230 SOUNDSE MOUNT 23h DATE George town Univ Anat Board, Medical School 23d LOCATION (City or Town) (County) (State) Anat Board 2-7-69 Washington, D. C. 24. FUNERAL DIRECTOR 2So REC D BY REGISTRAR 25b. REGISTRAR S.SIGNATUR ROBERT A. FEB PUMPHREY, Bethesda, Maryland. VR A15ME (5)



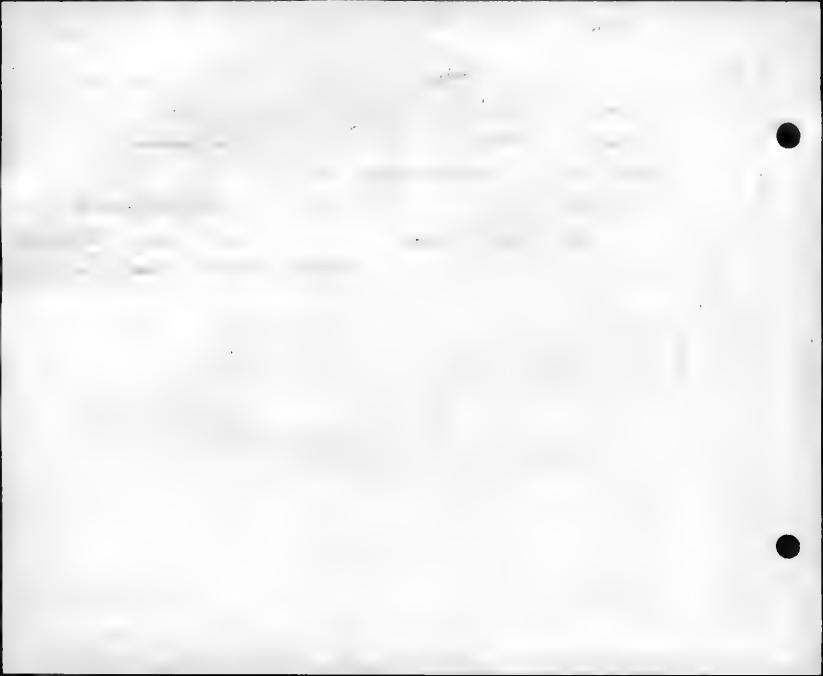


PUMPHREY.

45M



MARYLAND STATE DEPARTMENT OF HEALTH 02550 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02545 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH 26. HOUR 24 hours after deoth (Type or print) Month HARMEL DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR lost birthdoy) MONTHS DAYS WHITE filled in by the EMALE YRS 70 BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) popers HONTGOHERY within 72 WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 20 USUA, OCCUPATION (Kind of work done within 126 KIND OF BUSINESS OR give street oddress)
WASHINGTON INDUSTRY SC14004 attending physician and comptetely formation. Then please remove corban during most of working life, even if retired) IAKOMA burial, cremation, or removal, and in ony event, 130 USUAL RES DENCE (Where deceased aved if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER PHYSICIAN: The low requires that the death certificate be executed. odmission) STATE COUNTY WASH YES N NO 14 FATHER S NAME First Middle Lost 15 MOTHERS MAIDEN NAME First Middle ROSA PAUL EFFENBACK NONE NONE 160 WAS DECEASED EVER IN L.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) (If yes give wor or dates of service) HOSPITAL IAKOMA 18. CAUSE OF DEATH (Enter on y one cause per one for (a), (b), and BEDWEEN ONSET, AND GEAT PART I DEATH WAS CAUSED BY burial-transit permit. IMMEDIATE CAUSE (a) DUE TO: UR AS A CONSPOUENCE OF Conditions if ony, which gave: rise to immediate couse (a) signed by stating the underlying cause DUE TO: OR AS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO -210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 25c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR AM Month Day Year (If either, natify medical examiner) 21d, INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R F D No. City or Town County Stote While Not while at wark 22a I certify that (I) (this haspital) attended the deceased from 7eh-saw the deceased alive an 1967, and that in and that in (my) (aur) approan death accurred an the date and have and from the (we) (did) (did not) view the bady after death. causes-stated above, (L) 22c DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22d, PHYSICIAN S ADDRESS NAME (Type) 230 BURIAL CREMATION, 23b DATE NAME OF CEMETERY OR GREMATORY LOCATION (City or Town) (County) (State) REMUVAL (Specify) Cemeter REGISTRAR'S SIGNATURE 25b. VR A15 (4) 45M - 1/



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02551 CERTIFICATE OF DEATH DECEASED NAME First, Middle. 2a, DATE OF DEATH 2b. HOUR (Type or print) 4. RACE 3. SEX 6 AGE (In years IF UNDER YEAR IF UNDER 24 HRS last bythday) YRS 7a BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARR ED 9. COUNTY OF DEATH country U.S.A. DIVORCED [WIDOWED -10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in haspita // 12g USUA, OCCUPATION (Kind of work done give street address) formaglalle ylligg, Hordaning mast of working life, event retired) INDUSTRY for inac halle y Rox of cat Lalls Kebattan D.C. Employment Horaca Kock ville 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c City OR TOWN 13d NSIDE CITY LIM TSP 13e STREET AND NUMBER admission) STATE 4 FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First ISAAC AUGUSTUS KLINE PNNA EVER ELIZABETH 66 SOCIAL SECURITY NO Address GrunAR, MD. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, na, or unknown) (If yes give war or dates of service) 579-60-573 WILLIAMK. COPENHAVER, 8520 WARDE TERR APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: BETWEEN OWSET AND DEATH IMMEDIATE CAUSE (a) Conditions, flony, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the under ying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [7 21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 2 d IN. JRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County Whate Not while at wark of work 22a. I certify that (I) (this haspital) attended the deceased from Le ... 19. G.G., to saw the deceased alive an . 19 (and that in (my) (aur) apinian death accurred and the date and haur and from the causes stated abave, (1) (we) (did) (did) (view the bady after death. 22b SIGNATURE 22c DATE SIGNED DIRECTOR

22e ADDRESS

23d LOCATION (City or Town)

2Sq RECD BY REGISTRAR

(County)

Thomas Jugar.

Colmar Manor, Prince Georges

2Sb REGISTRAR'S SIGNATURE

NAME OF CEMETERY OR CREMATORY

Fort Lincoln Cemetery

TO FUNERAL DIRECTOR: After director, page 3 should be filed v

22d PHYSICIAN S

230 BURIAL, CREMATION,

REMOVAL (Specify)

NAME (Type)

23b. DATE

Wash. D.C. 20016

2-12-1969

Joseph Gawler's Sons, Inc., 5170 Wisc. Ave.

low requires that the death certificate be executed within 24 haurs after death

ond completely filled in by the remove carbon papers. Par nony event, within 72 hours

hen please puo

signed by the attending physican one

attending p

be retoined by the hospital or

this certificate has been

for use as the t f Heatth prior to b



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02547 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 2g, DATE OF DEATH 2b. HOUR (Type or print) AWRENCE 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS last birtheay) MONTHS HOURS 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED country) WIDOWED | DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION Kind of work done 12b KIND OF BUSINESS OR during mast of warking life, even if retired.) INDUSTRY 130. USJAL RESIDENCE OWhere deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE YESFI 14. FATHER'S NAME. Middle Last MOTHER'S MAIDEN NAME First 160, WAS DECEASED EVER IN L.S. ARMED FORCES? 16b SOCIAL SECURITY NO INFORMANT Address Yes, no, or unknown) [† yes give wor or dates of service] 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 54 NO 🗌 21d ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF GEATH HOUR A.M Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED City or Town County State

22c. DATE SIGNED

(County)

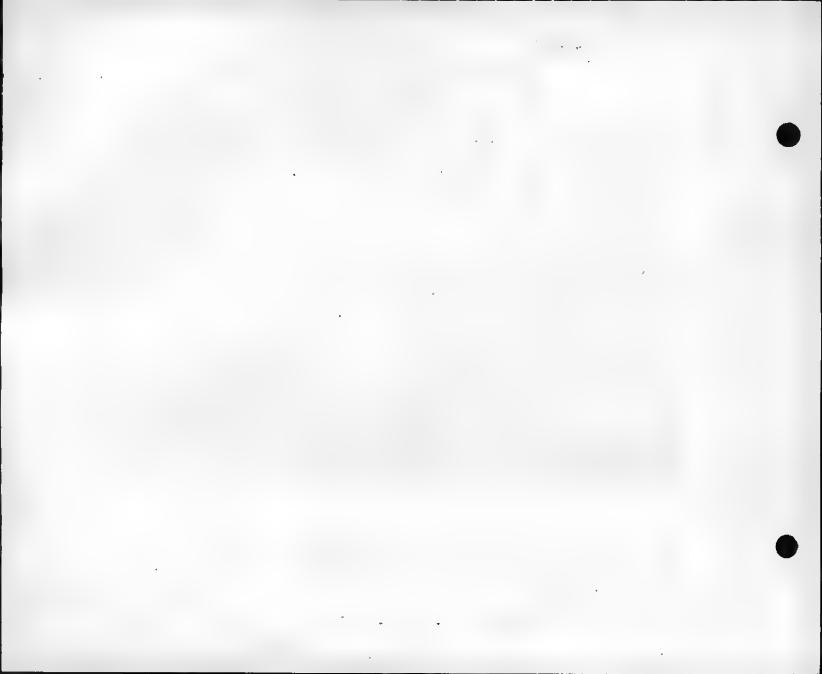
(State)

within 24 hours after death physician and completely filled in by please remove carbon papers. event, within 72 requires that the death certificate be executed or removal, and in any cremation, burial-tronsit p signed by O FUNERAL DIRECTOR: After this certificate hos been as the for use Heolth by the hospital or be detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R F.D. No While Not while at work at work — 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an 2/3 1967, and that in 1968 to Feb _196 9, and that in (my) (our) apinian death accurred an the date and haur and from the saw the deceased alive an. Poge 4 may be retained should causes stated abave, (1) (we) (did) (did net) view the bady after death. 22b SIGNATURE ATTENDING MED. DIRECTOR director, page should be filed PHYS. 22e. ADDRESS 22d. PHYSICIAN'S 9801 Georgia ave NAME (Type) Silver Springs, Md. G. Leonard Gold-23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREDOXINEY 230 BURIAL, CREMATION Burial Baltimore National Baltimore, Md. Feb 7. 1969 1969 256. REGISTRAR'S SIGNATURE 250. RECD BY REGISTRAR 24. FUNERAL DIRECTOR
F. Gasch's Sons Hyattsville, Md.

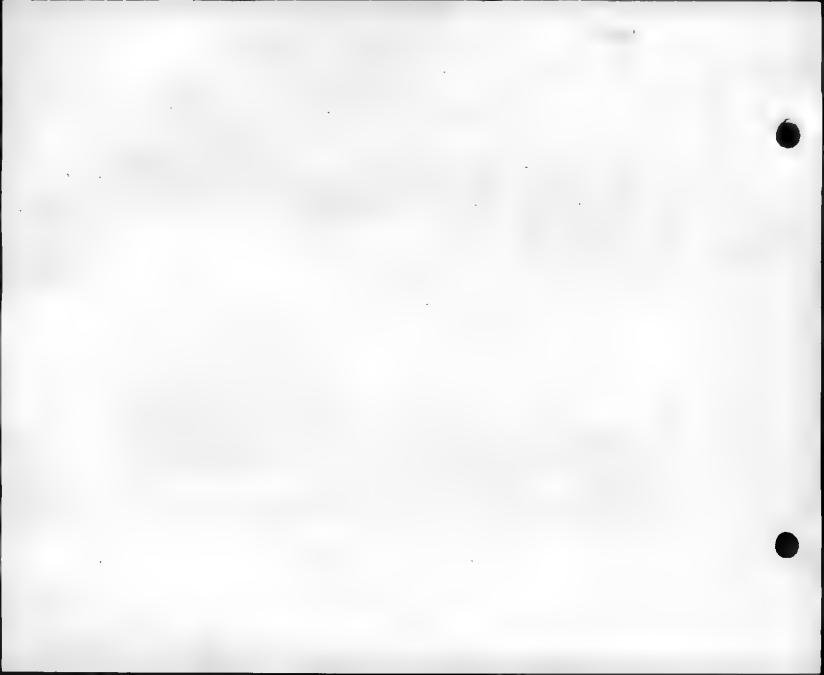
VR A75 (4) 30M REV. 1/68



_ 1	1.2	Iteml FilmGilo 3/1/69 kk MARYLAND STATE DEPARTMENT OF HEALTH Item 16b DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
-19	7	02553 CERTIFICATE OF DEATH 02548
# -5	É	1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
funeral	death.	Mary Edith Ann/ Neal Crutcher 2 19 69 19:15
ifter e fu) Her	4. KACE DATE OF BIRTH 6. AGE (In years 5. JMORE 176AR 16 GMORE 24 HRS.
Page 4	J J	83 YRS.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2/	70 BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED MONTGOMERY COUNTY Md.
24 ape		
e executed within 24 haurs after and card carpletely filled in 5y the freemaye carbon papers. Pages	# /)	Bethesda, Grosvenor Lane Nursing Horie
cuted ample	event	13a JSUAL RESIDENCE (Where deceased lived, finstriction Residence before odmission) STATE //3b COUNTY Washington 13a MSUBE CITY UMITS? 13a STREET AND NUMBER 4000 Massachusetts Ave., No.
% (J m	4	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MA, DEN HAME First Middle Lost
e 2 8 8	and m-amy	Fernando P. Neal Ida Davi d Adkins
tific hys	or remaval, an	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) HX No 164 Was give wor or dotes of service) 165 SOCIAL SECURITY NO. 17 INFORMANT Address O60-09-2508D Miss Dorothy Crutcher
at the death cer the attending p nsit permit. The	b E	18. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c).)
eath	5	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) The part is death was caused by: 36 hear
offe offe pern	E V	DUE TO, OR AS A CONSEQUENCE OF
the sit	101	Conditions, if any, which gave) use to immediate couse (a), (b)
requires that the death g physician. signed by the attending burial-transit permit.	al, crez	stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF
requi	TO DUI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL & SEASE OR CONDITION GIVEN IN PART 1(0)
endi endi	i d	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
F F F F S	E X	¥ES □ NO □ CAUSES OF DEATH?
ICIAN: The law re pital or attending rifficate has been s d for use as the b	at Hea	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTREVINING CLUSE OF CEATH OUR A.M. Month Doy Year 19 21d INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-trans	Dept.	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No City or Town County State at work at work
ING by t ffer be o	101	22g certify that (1) this haspital) attended the decorated from A.F. 1965 to F. A. 1966 that (1) () in
TTEND sined OR: A	The The	couses stoted above, (1) (we) (did) (did not) view the body ofter death.
R A A 3 sh	<u> </u>	22b SIGNATURE ATTENDING DEGREE PHYS DIRECTOR PHYS 22c. DATE SIGNED 19 19 19 19 19 19 19 19 19 19 19 19 19
o line		DEGREF PHYS DIRECTOR PHYS DIRECTOR PHYS 22e. ADDRESS
4 may) ag De	NAME (Type) (SERE S. DAUM 1977 Balley Long Bellender
To Ho Page Direct	SHOUL	23a. Burial, cremation, REMOVA (Spring) at 2-21-69 23c. NAME OF CEMETERY OF CREMATORY 13d LOCAT ON (City or Town) (County) (State) 11dependence, Mo. (State)
VR A	15 (4)	24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE
45M -	1/69	Everly-wheathey Alexandria, Va. 01 FFP 24 1999 Milmeta Under



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02554 02549 CERTIFICATE OF DEATH . DECEASED-NAME First Middle Last and 2 death. 2a. DATE OF DEATH 26 HOUR OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death (Type or print) and campletely filled in by the funeral remave carbon papers. Pages 1 and E. 3. SEX 4. RACE S DATE OF BIRTH IF UNDER YEAR 6 AGE (In years IF UNDER 24 HRS. last birthday) MONTHS MOURS 7a. BIRTHPLACE (State of foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9, COUNTY OF DEATH WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 126 KIND OF BUSINESS OR give street address) during most of working ife, even if retired) INDUSTRY 13a USUAL RES DENCE (Where deceased lived, if nstitution Residence before CFTY OR TOWN 13d. INSIDE CTY/LIMITE? 30 dny 14 FATHER'S NAM 15 MOTHER S MAIDEN NAME First Middle physician and en please, re oval, and in a moises varris 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes (na) ar unknawn) (If yes give wor or dotes of service) the attending parsit permit. The APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) burial, crematian, Canditians, if any, which gave burial-transit rise to immediate cause (a). signed by Page 4 may be retained by the haspital ar attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) DR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STRETT, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 220. I certify that (I) (this hospital) ottended the deceosed from... Jun 1967 to Feb 19 69, and that in (my) (our) opinion deoth occurred on the date and hour and from the sow the deceased alive on. causes stated above, (I) (we) that (did not) view the body after death. 22h SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type 3 HOSPITAL AKOMA PARK 23a BURJAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town (State) UNKNOWN ANVUAN VR A15 (4) WASHINGTON BC. 20012



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

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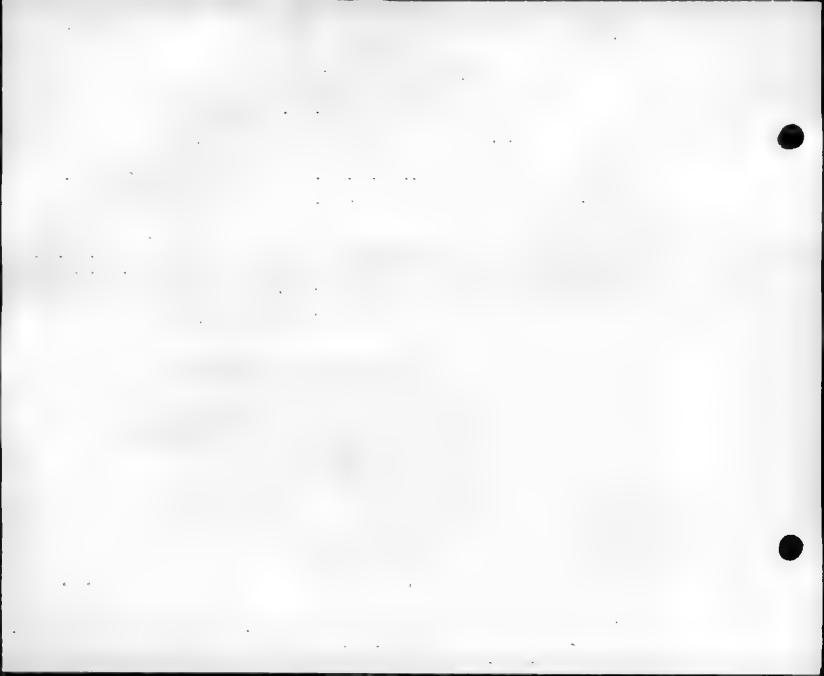
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 and 2 should be filled with the State Dept of Health prior to burial, cremation, or removal, and unlarge eyent, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

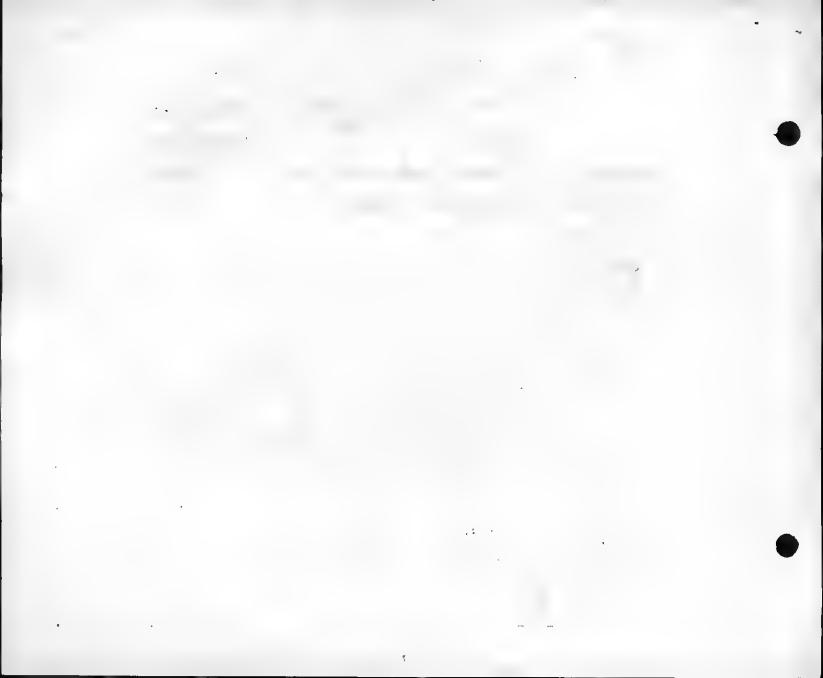
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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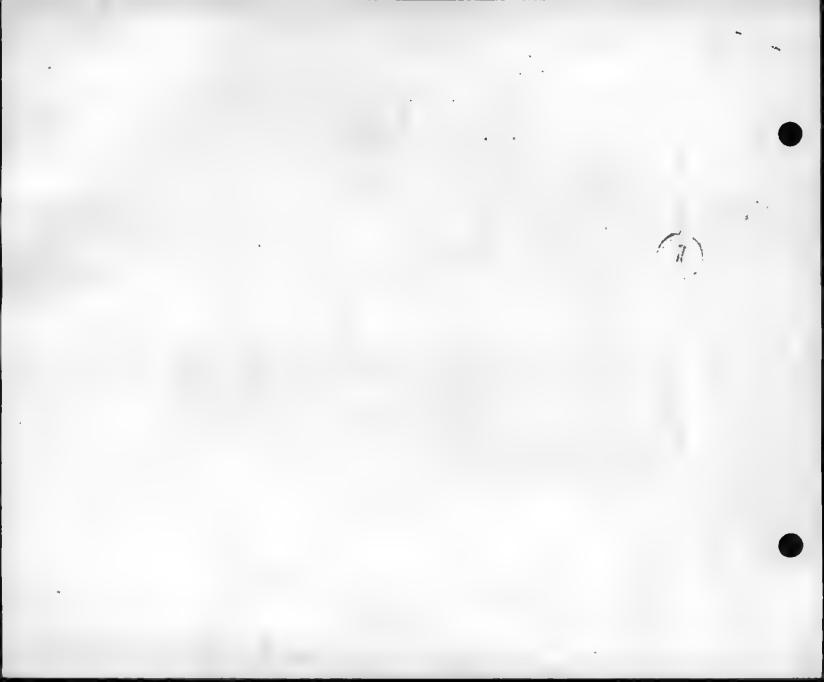
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02551 CERTIFICATE OF DEATH DECEASED-NAME 20 DATE OF DEATH 2b. HOJR in and completely filled in by the funerol selections of carbon papers. Pages 1 and 2 and 2 in any event, within (2 nous after death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death (Type or print) Month -1400 N 3. SEX S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR F JMDER 24 HRS lost birthday) MONTHS DAYS HOURS 904 To BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Montgomery DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 USUA. OCCUPAT (Kind of work done 12b KIND OF BUSINESS OR Petomac during most of wasking ife, even if repred) 13a USUA. RESIDENCE (Where decrased lived, if institution Residence before 13d CITY OR TOWN 3d NS DE CITY JMITS? 13e STREET AND NUMBER adm ssign) STATE 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle LRene 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANS physic ien ple Yes, ng. og unknown) (If yes give war or dates of service) signed by the ottending phy or removo APPROX MATE INTERVA 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEAT PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) buriol, cremotion, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART [10] offending prior to f O FULLERAL DIRECTOR: After this certificate hos been CERTIFICATION 19c DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? USB Health NO [YES 🔲 by the hospital or 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 181) ŏ OR CONTR BUTING CAUSE OF DEATH HOUR A M Month Day Year ō (If either, notify medical examiner) detoched director, page 3 should be detache should be filed with the State Dept. 21d IN. JRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While hot while at wark of work 22a | certify that (I) (this hospital) attended the deceased fram 1/- 28 , 1965, to 2-23-6, 19____, that (I) (we) last saw the deceased alive an 2 - 2 3 1967, and that in (my) (aur) opinion death accurred an the date and hour and from the Page 4 may be retained causes stated abave, (*) (we) (did) (did) view the body after death 22b SIGNATURE 22c DATE 5 GNED ATTENDING MED DIRECTOR DEGREE PHYS 22e ADDRESS 204 Ujers 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION 23b. DATE 23d LOCATION (City or Town) (County) (State) Burial Gate of Heaven 2-26-69 Silver Spring Mont. Md 2Sb REGISTRAR S SIGNATURE



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XAN te fl ge 4 your age		WHILE AT WORK AT WORK	
L EXA ecute Page for you in, cre		22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry	and in my opinion
CAL E executor. Pared for CTOR: burral,	1	death resulted fram: Natural causes 💢 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🕻	
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P d d d d d d d d d d d d d d d d d d d		SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER 22b, DATE SI	
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o DEPUTY DICAL EXAM necessary, please execute the funeral directar. Page 45 may be retained for your of Funeral DIRECTOR: Page Health pr or to burial, crem	,	NAME (Type) JUTIN G. BALL ADDRESS(Street, city town, or county) Bethesd	
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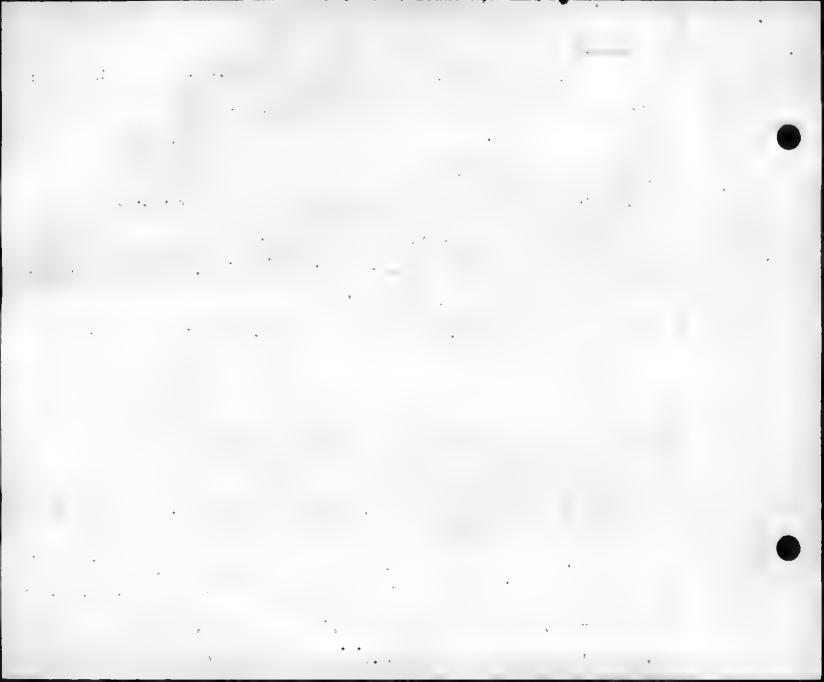
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CERTIFICATE OF DEATH M.ddle DECEASED NAM First Last 2n DATE OF DEATH law requires that the death certificate be executed within 24 haurs after death. signed by the attending physicias, and campletely filled in by the Pageral burial-transit permit. Then please remove carban papers, Pagest 1 and 2 burial, crematian, ar removal, and in any event, within 72 hours affec death (Type or print) Davis February Vivian Imogene 6. AGE (In years lost birthday) S. DATE OF BIRTH IE LINDER 1 YEAR 4. RACE White 22 February 1919 Female YRS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8 MARRIED 🔀 NEVER MARRIED country) WIDOWED [7] DIVORCED [Montgomery Georgia 10. CITY OR TOWN OF DEATH USA 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR The Clinical Center, NIH during most of warking life, even if retired)
Housewife INDUSTRY Bethesda 13a USUAL RES DENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 3d. NSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) Georgia 13b. COUNTY Summerville YES Se NO [100 Espy Street 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Hawkins Nettie Humphrey Paul 16b. SOCIAL SECURITY NO. 17. INFORMANT INFORMANT Bethesda, Maryland 20014
The Medical Records, The Clinical Center 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) NO Not Available 18. CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)
Gram negative BETWEEN ONSET AND DEATH 12 Hours Gram negative sepsis DUE TO, OR AS A CONSEQUENCE OF (b) Metastatic adenocarcinoma of the breast 10 Months Canditions, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF TO HOSPITAL OR ATTENDING PRISIDIANS. THE CONTROL OF A may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transition. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🕱 NO [Yes 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Doy Year 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R F.D. No. City or Town County While Hot while of work 22a. I **certify** that (b) (this haspital) attended the deceased from 1.7 January , 19.69 , ta6 Feb , 19.69 , that (b) (we) last saw the deceased alive and February 19.69 , and that in (say) (our) opinion death occurred on the date and hour and from the causes stated (bave, (i)) (we) (did) (did 22c DATE SIGNED 22b. SIGNATURE 6 February 1969 22e. ADDRESSThe Clinical Center, National 22d PHYSICIAN'S Sherrard L. Hayes, M. D. NAME (Type) Institutes of Health, Bethesda, Md. 20014 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE (County) But SANOVAL KARRINIOVA Memory Gardens. Rome, Georgia 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE

Jos. Gawler's Sons, 5130 Wisconsin Av.. NW

VR A15 (4) 30M REV, 1768



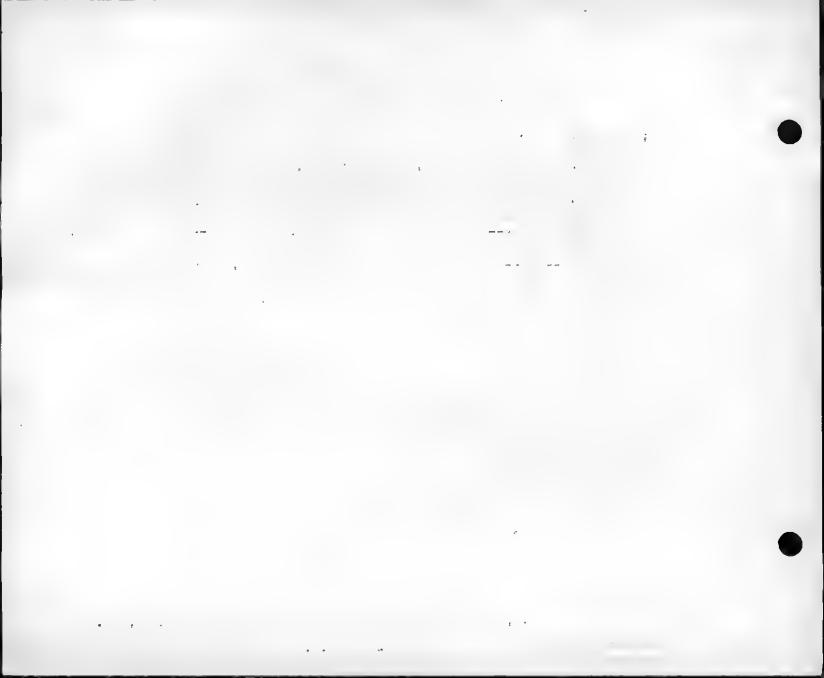
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02554 CERTIFICATE OF DEATH DECEASED-NAME 2a. DATE OF DEATH 2b HOUR death. Pages 1 and (Type or print) 18 M 3 SEX F JNDER I YEAR E UNDER 24 HRS 6. AGE (In years last birthday) physician and campletely filled in by the White hours Za BIRTHPLACE (State or foreign 9. COUNTY OF DEATH requires that the death certificate be executed within 24 haus 8 MARRIED | NEVER MARRIED | 127 carban papers. country) WIDOWED DIVORCED [12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) Whyaton during most of working life even if retreat 13a USJAL RESIDENCE (Where deceased gived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? ide. STREET AND NUMBER admission) STATE 4. FATHER'S NAME please, 16b. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no_ar unknown) 061-10-1460A 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH signed by the attendir bur al-transit permit. PHE-UMONIA. IMMEDIATE CAUSE (a) Conditions if any, which gave } GENERALIZED ARTERIOSCLEROSIS rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the sha≡ld be filed with the State Dept af Health priar to I PSYCHOSIS , DECUBITUS ULCERC 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify med'cal examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21F LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Strite While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceosed from 1960, to FEB 25, 1967, that (1) (we) last saw the deceased alive on FEB 25, and that in (my) (out) opinion death occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING name DEGREE DIRECTOR PHYS. 1015 SPRING 22d PHYSICIAN'S 22e. ADDRESS BEEMAN SILVER SPRING 23d LOCATION (City or Town) 23b DATE 23a BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) (State) BLADENS BURG LINCLON FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE Whorley Judge DATE FEB 2 8



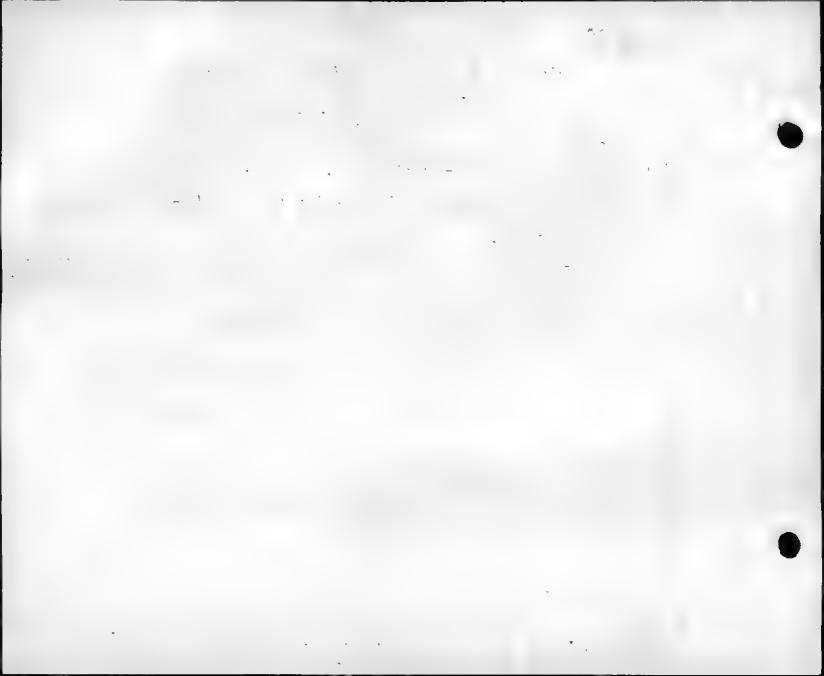
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02555 First Middle 2n DATE OF DEATH DECEASED-NAME Last 2b. HOUR physician and completely filled in by the tuneral (Type or print) Everett Earl Delph HE UNDER 1 YEAR 4 RACE S. DATE OF BIRTH 6 AGE (In years IF LINDER 24 HRS. law requires that the death certificate be executed within 24 haurs after last birthdoy) male Cauc 1/31/10 lease remave carban papers. Pag and in any event, within 72 haurs 7o. 81RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED KNEVER MARRIED country) Kentucky USA Montgomery WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) ross Hospital during most of working life, even if retired.) Silver Spring Co. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY EJMITS? 13e. STREET AND NUMBER 13b. COUNTY Mont. odmission) STATE Md. Sil.Spg 215 Brantford Middle 14 FATHER'S NAME Middle Last 15 MOTHER'S MAIDEN NAME First First Unknown John Delph Ann 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S ARMED FORCES? 17 INFORMANT Address (es no or unknown) 401-01-2380 Thelma Deboh 1218 Brantford Ave.SS 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH ACUTE MYOCARDIAL INFARCTION IMMEDIATE CAUSE (6) __ cremation, 1 HOUR O) CORONARY TITROMBOSIS signed by the Canditions, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause ARTERIOSCLEROTIC HEART DISEASE burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shayld be detached for use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 director, page 3 shauld be detached for use shauld be filed with the State Dept. of Health 21a, ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, not fy medico exominer) HOUR A.M. Month Day Year 21d -NJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 1964, to 2/23, 1967, that (I) (we) last saw the deceased alive on 2/23 1967 and thot in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death. NCV , 1968, to 22b. SIGNATURE 22c. DATE SIGNED D. Marlus ATTENDING PHYS. mycuce DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS Lawrence D. Marcus M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)
Por riey, ("es 23a. BURIAL, CREMATION, 23b DATE (County) maria REMOVAL (Specify) Saler Church Cemetery ("est Purphrey, 9:0. 8434 Georgia Avenue REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1768



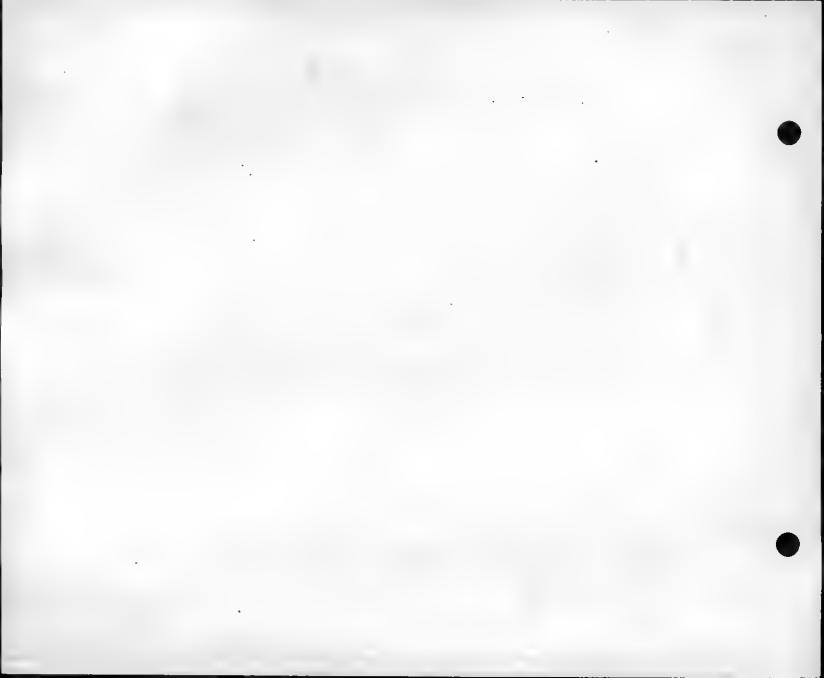
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02555 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. DECEASED-NAME First Middle Lost 20 DATE KNOWN Manth Day Yeor (Type or Print) DAVE DENABURG OF **ESTI** 2 DEATH MATED co IF UNDER 24 HRS 4. RACE S. DATE OF BIRTH 6 AGE (in years 2c. DATE PRONOUNCED DEAD 3. SEX puo HOURS 1969 11-17-1907 PM3 Male White 61 9. COUNTY OF DEATH 70 BIRTHPLACE (State or fore an 7b. CIT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED form Md: Baltimore USA Montgomery WIDOWED [DIVORCED [in Item 18. Give Poges the Stote IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work dane 125 KIND OF BUSINESS OR give street address) 8103 during most of working life, even if retired.)
Retail Store Ow ner Silver Spring Eastern Ave. With 13d. INSIDE CITY LUNITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN death 13b. COUNTY Montgomery admission) STATE 8103 Eastern Avenue Md. YES 💢 NO 🗌 Sil Spg hours ond 2 IS. MOTHER'S MAIDEN NAME Middle 14. FATHER'S NAME First Last Last Israel Denaburg Frieda Zabotnich 24 hours podes 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 165. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** pencil be executed within (Yes, na, or unknawn) unknown (III was give war at dates of service) Bertha Denaburg, same as 13 above File APPROX MATE INTERVAL BETWEEN ONSET AND DEATH . 5 within CAUSE OF DEATH (Enter only one cause per lipe permit. forwarded to the Chief Madral "pending" PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CONSEQUENCE OF A DUE TO. burrol-transit Conditions, if any, which gave rise to immed ate cause (a), This certificate should writing the word DUF TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ gud PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 9 removal, pell 20. AUTOPSY? 19g. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES [the certificate, Ę. 0 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 at Part 2 Item 18) 20 MEDICAL HOUR A.M. 3 sho⊪k PRIMARY OR CONTRIBUTING cremotion, SICAL EXAMINER: CAUSE OF DEATH P.M 21d NJURY OCCURRED 21e PLACE OF INJRY (At home farm, street 21f JOCATION Street or R F D No County State City or Town Poge factory, office building, etc.) NOT WHILE please execute AT WORK AT WORK burial, 22a. I certify that I took charge af the remains described above. FUNERAL DIRECTOR: and in my opinion heid an Autapsy Inspection Inquiry the funeral director. Undetermined manner death resulted from Natural causes Accident Suicide Homicide retained CHIEF MEDICAL EXAMINER **ACTUAL** 225, DATE SIGNED **SIGNATURE** may be DEPUTY **EXAMINER'S** 5 may 70 FUNE Health NAME (Type) BUR AL CREMATION NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) REMOVAL (Specify) 1969 Falls Church. National Memorial 24 FUNERAL DIRECTOR 250 RECD BY REG STRAR 25b - REGISTRAR & SIGNATURE Goldberg Funeral Home 4217 9th Street N.W. VR A15ME (5) 10M REV. 1768



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02562 CERTIFICATE OF DEATH funeral s 1 and 2 ter death. 1. DECEASED-NAME First Middle Last 2a DATE OF DEATH 2b. HOUR (Type or print) Louis Dismer February hours after 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (n years F JNDER 1 YEAR Male lost bighday) HOURS Dec. 6. 1885 70 BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED KNEVER MARRIED carban papers. Wash DC USA Montgowy WIDOWED [DIVORCED filled 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done be executed within during most of working life, even 'f ret red) Keal Estate campletely event, 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CTY OR TOWN 13d. INSIDE CITY LIM 157 13e STREET AND NUMBER 13b (Offintsomery Silver SpringYES & NO [2102-Forest Glen Road гетпауе transit permit. Then please remareremation, ar remaval, and in any 14 FATHER'S NAME Last IS MOTHER'S MAIDEN NAME First Charles Dismer physician requires that the death certificate 160 WAS DECEASED EVER IN U.S ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yest no, or unknown) (If yes give wor or dates of service) 577-03-6979 Rosa Houck Dismer Forest. IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gave) has been signed by the se as the burial transit rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE O barial, RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? USe Health 1 YES 🖂 TO FUNERAL DIRECTOR: After this certificate 2 a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B) be detached far State Dept. of Hea be retained by the haspital TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 196 and that (my) (our) opinion death occurred on the date and hour and from the page 3 shauld I causes stated obave, (1) (we) (did not) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED 22d PHYSICIAN'S NAME (Type) John S. director, g 230 BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCAT ON (City or Town) -{County} (Stote) Rock Creek Cemetery Washington. ADDRESS Sil. Spr., Md. PEB Carter 256, REGISTRAR'S SIGNATURE VR A15 (4) 45M 1/69 Pumphrey. Inc. 8434 Georgia Ave. Warner 2.



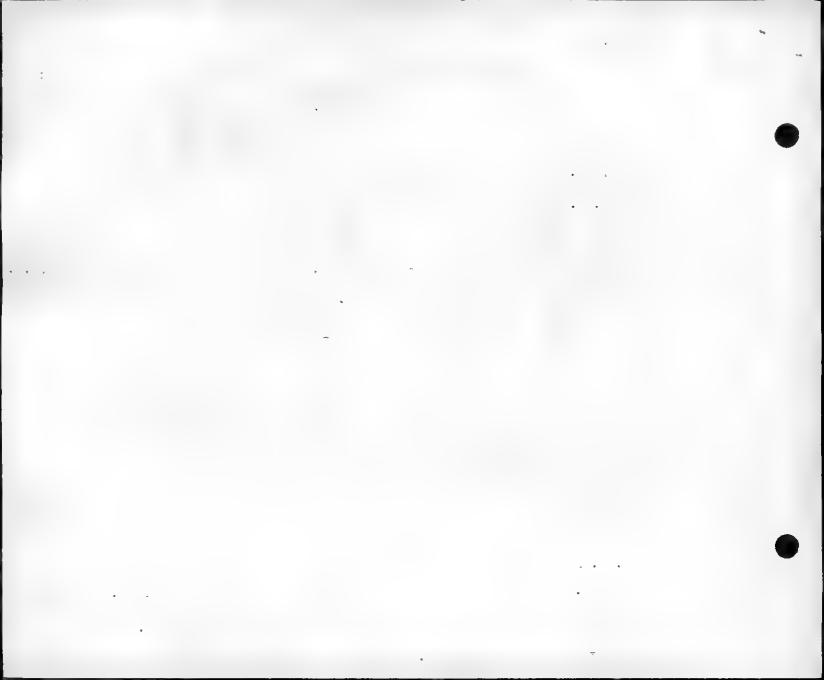
/ 1	MARYLAND STATE DEPARTMENT OF HEALTH	
Transaction 1	02563 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	59
FOR STATE	MEDICAL EXAMINER & CERTIFICATE OF DEATH	
MANTHEPI. ≃ É A • d	1. DECEASED NAME (Type or Print) Annie Middle Dobkin. 20 DATE KNOWN Month Doy OF ESTI- DEATH MATED Feb. 23	Yeor 25 HOUR
delay and 2 Ma Po	3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours If JUNDER 1 YEAR IF JUNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR 5 30
2, 2, by	7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1107 - 15 m
form form	country) KUSS 1/7 USA. WIDOWED DIVORCED [Montgomery	Md
fer death Give Poges 1, ong with form ith the State D.	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospita) 120 USUAL OCCUPATION (Kind of work done libb kind of work done libb kind of work in give street address) 120 USUAL OCCUPATION (Kind of work done libb kind of work in give street address) 120 USUAL OCCUPATION (Kind of work done libb kind of work in give street address) 120 USUAL OCCUPATION (Kind of work done libb kind of work in give street address) 120 USUAL OCCUPATION (Kind of work done libb kind of work done libb	CIND OF BUSINESS OR CIRY
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24 hours in Jem 5 Office ss Lond 2	14. FATHER'S NAME First Middle . Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost .
\$ 2 × 7 ×	ABRAHAM MERSKIN UME.	
hould be executed within 24 word "pending" in pencil in the Chief Medical Examiners in I wanter the Chief Medical Examiners in any event within 72 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dolles of service) 220-44-0143 HARLY DOBKIN 1530 LOC	usr Rd M
ing" in I adicol Ex ermit. Fil	18. CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ding' ledic	IMMEDIATE CAUSE (o) COFORDS - 4 1/305 - 2	
be exeminief Me	Conditions, of only, which gave (b) Carolio Vascular Disease	BOTS.
should be executed with eword "pending" in personance of the Chief Medicol Exonound-transit permit. File in any event within 72	rise to Immediate cause (a). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
2 a o 2	los1 (t)	
This certificote state, writing the be forwarded to I be used as a burremoval, and in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON GIVEN IN PART 1(0) Chronic. In filtiate of Lungs -	
rrifii rrifiir vard vard ed o	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of nigray in Port 1 or Port 2, Hem 18	YES NO TX
年一 200	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year PRIMARY OF COURRED (Enter nature of Injury in Port 1 or Port 2, Item 18 HOUR A.M. 19 2.d N.JURY OCCURRED 21e PLACE OF INJURY (At home, form, street). 21f LOCATION Street or R.F.D. No. City of Town Course.)
SE S	2.d N.JURY OCCURRED 2.1e. PLACE OF INJURY (At home, form, street, while at work at wo	inty Stote
		and in my apinian
Se exe se exe sctar. P ned fo recror	death resulted fram: Natural causes 🔀, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌	
	ACTUAL CHIEF MEDICAL EXAMINER (22b. DATE SIGNE	D
DEPUTY et funerol i moy be re FUNERAL ealth prio	SIGNATURE STORY MEDICAL EVANIED TO John	23,1969.
TO DEPUTY necessary, it the funerol 5 moy be ro TO FUNERAL Health prid	NAME (Type) VOITN G STALL, 1712 ADDRESS(Street, city, town, or county)	
0 = = 2 0 H	230 BLRIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of Town) (Coun REMOVAL (Specify) FEB 25, 69 BNAILSPAEL CEM OXON HIII N	(Stote)
VR A15ME (5)	64 FUNERAL DIRECTOR ADDRESS 250 RECD BY REG STRAR 256 REGISTRAR S SIGNAL GOLD BERG FRUIT HOME 4217 9 5 St. N.W. WAS DATE FEB 27 1969 Chamber	
10M REV 1/68	CAR DELLA LATE LATE JAIL LANGE THE LANGE TO A 1 1808 BEARING	Jacana.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02550 I. DECEASED NAME Eirst Middle Lost 20 DATE KNOWN Month (Type or Print) ESTI-James Dodd Edward 2 DEATH MATED TO 19 3 SEX 4. RACE 6 AGE (in years IF UNDER 1 YEAR HE UNDER 24 HRS S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD HOUR last_birthday) Day Male Cauc 8/12/93 7a BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED MINEYER MARRIED 9. COUNTY OF DEATH with the State De (OUNTY) England Montgomery Canadian WIDOWED IT DIVORCED [Give Pages 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) **ENDESTRY** Silver Spring Oross death. 13c City OR TOWN 13d. INSIDE CITY LIMITS? 3e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before MI STATE MA 13b. COUNTY Montgomery YES Wire STO l and 2 \ after 14. FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME Middle Dodd Dodd Mary Mark haurs pages 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS This certificate shauld be executed within in pencil (Yes, no, or unknown) Perrywood Dr. Burtons Alan Dodd no E APPROXIMATE INTERVALL within IB. CAUSE OF DEATH (Enter on y one couse per June PART I. DEATH WAS CAUSED BYpending IMMEDIATE CAUSE (n) event DUE TO, OR ASTA CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .⊑ PART 2 OTHER SIGN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remayal nseq 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? CERTIFICAT WAS PERFORMED? execute the certificate. YES 🗀 pe D. 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 218 PLACE OF INJURY (At home form, street 21f LOCATION Street or R F D. No. City or Town County Stote factory, office building, etc.) WHITE NOT WHILE AT WORK burial. 22a. I certify that I taak charge of the remains described above; held an Autopsy [Inspection Inquiry X and in my apinian death resulted from: Natural causes retained Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER **SIGNATURE** Heolth **EXAMINER'S** NAME (Type) 0 230 BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town (County) REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV, 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02565 CERTIFICATE OF DEATH 1. DECEASED-NAME M. ddle Last 2a DATE OF DEATH 25 HOUR (Type or print) DOMINICK JAMES LORENZO FEBRUARY 6:45 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF JHDER 1 YEAR and dompterely filled in by the fi within 24 hours ofte HOURS CAUC MALE JUNE 1916 popers Page thin 72 hours c 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED [NEVER MARRIED [country) CAROLINA USA MONTGOMERY WIDOWED (DIVORCED within 7 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (I not in hospital 12a JSJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR dung west of warking life, even if retired) INDUSTRY BETHESDA. MD. event, 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY E MITS? 13e STREET AND NUMBER The low requires that the death certificate be executed admission) STATE 166 COUNTY YESY GREENWOOD RT 1. BX 94 in any i 14 FATHER'S NAME physicion and Last 15 MOTHER'S MAIDEN NAME First Middle Lost BEN TILMAN DOMINICK KATE STOCKMAN 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, na, ar unknawn) 224-50-1712 ENNA S. DOMINICK, RT 1. BX 94. GREENWOOD.S.C en signed by the offending burial-tronsit permit. Th 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY BILATERIAL BRONCHOPNEUMONIA IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave) CARCINOMA OF THE SOFT PALATE AND TONGUE rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse WITH METASTASIS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES TX NO F be retained by the hospital or 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Doy Year 9 (If either, natify medical examiner) P.M detoched 21e PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 21f LOCATION Street or RFD No City or Town County State While Not while at work JAN 22a. I certify that (1) (this hospital) attended the deceased from LOAM, (ARAM, 1969, to 6:45, (FEB, 19 saw the deceased alive an 7 FEB 19 9 and that in (my) (our) apinion death occurred as the deceased. O FUNERAL DIRECTOR: After 19 69 and that in (my) (our) apinion death occurred on the date and hour and from the couses stated above, (I) (we) (d)d) (did not) view the body after death 27h SIGNATURE 22c DATE SIGNED MED DIRECTOR director, page 3 shauld be filed v L. J. MERVIS 22d. PHYSIC ANS 22e ADDRESS NAME (Type) L. J. MERVIS NAVAL HOSPITAL. BETHESDA. MD. 23a BUR AL CREMATION 23b DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify)
BUR LAL 2/12/69 GREENWOOD, S. C. REHOBATH METHODIST 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2Sa REC'D BY REGISTRAR VR A15 (4) JOSEPH GAWLER AND SON 5130 WISC. AVE WDC



10 January 1921

2b. HOUR TO

2:15 M

IF UNDER 24 HRS.

HOURS

DAYS

last dirthday)

9. COUNTY OF DEATH

FOGE 4 may be retained by the hospital or attending physicion. Page 4 may be retained by the hospital or attending physicion. DEUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the function director, page 3 should be detached for use as the burial-transit permit. Then please remove_carbon papers. Pages, Fare should be filed with the State Dept. of Health prior to burial, cremation, or remove, and in any event, within 72 hours after earth.) (
TO HOSPITAL OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours after d Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fund director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, it is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages is should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours are the	
O HOSPITAL OR ATTENDING I Page 4 may be retained by the O FUNERAL DIRECTOR: After th director, page 3 should be de should be filed with the State (

02566

Female

7a. BIRTHPLACE (State or foreign

First

Muriel

White

7b. CITIZEN OF WHAT COUNTRY?

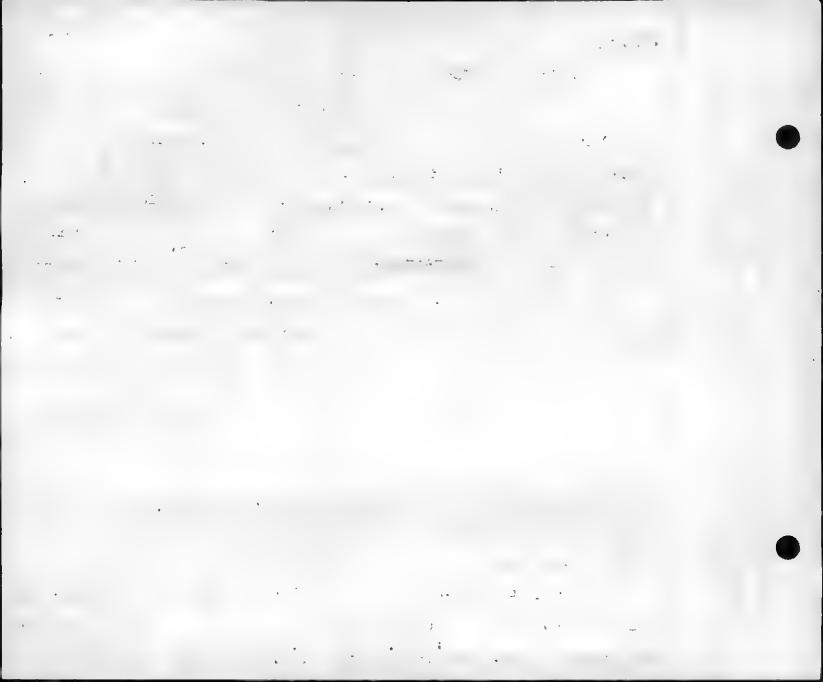
1. DECEASED-NAME

3 SEX

(Type or print)

8 MARRIED NEVER MARRIED country) New York USA WIDOWED DIVORCED [T] Montgomery 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR give street oddress). The Clinical Center, NIH during most of working life, even if retired.)
Housewife **INDUSTRY** Bethesda 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 38 INSIDE CITY JIMITS? 13e STREET AND NUMBER 136 COUNTY Fairfax odmission) STATE Virginia 7405 Venice Street Falls Church 1S. MOTHER'S MAIDEN NAME First 14. FATHER S NAME First Middle Middle Last Last Arthur McGuire Mary Aldrich 17 INFORMANT Bethesda, Mary Land A2014 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO Yeshno ar unknawn) (If yes give war or dates of service) The Medical Records, The Clinical Center 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN UNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema and Respiratory Arrest 30 Minutes DUE TO, OR AS A CONSEQUENCE OF (b) Metastatic Islet Cell Carcinoma of Pancreas 2 Years Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES X Yes NO [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Nat while at wark 22a. I certify that (4) (this haspital) attended the deceased from 18 December 19.68, to 26 Feb., 19.69, that XXX (we) last saw the deceased glive an 26 February ____19_69 and that in tayon auri applicant death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did cont) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE 26 February 1969 DIRECTOR DEGREE PHYS. 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Phillip Gorden, M.D. Institutes of Health, Bethesda, Md. 20014 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23b. DATE 23a. BURIAL CREMATION. Tran-Burial Moravian Cemetery Staten Island.NY 1102 Fest Broad S 750. RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Mclimeter Yeary Falls Church Funeral Home. Falls Church Wa.

VR A15 (4) 30M REV 1/68



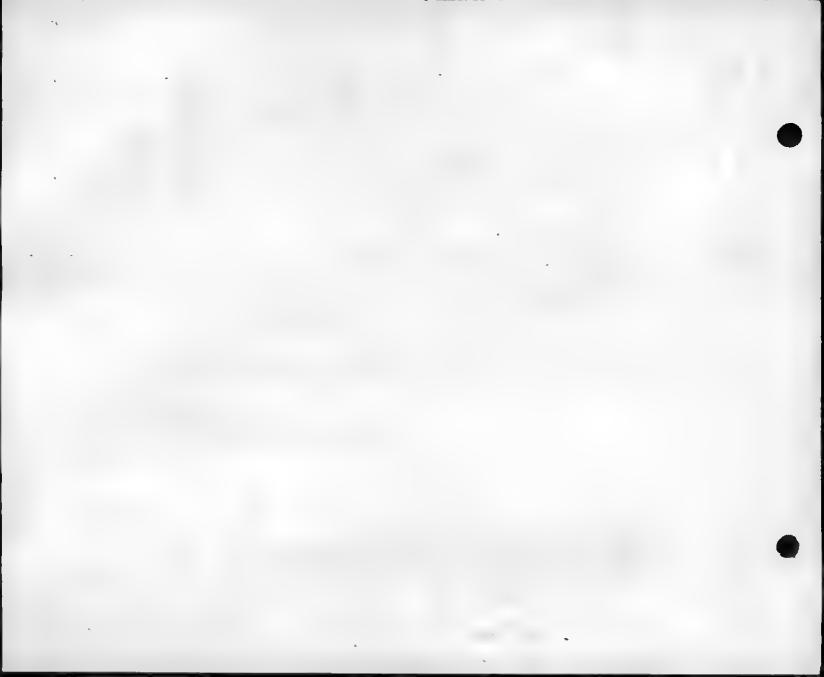
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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die e	3 SE	x Male	4 RACE	ta	5. DATE OF	BIRTH 7, 1892	6 AGE	(In years rthdoy)	IF UNDER 1 YEAR MONTHS DAYS	NE JNDER 24 HRS HOURS MIN
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certificate be executed within apparate of campletely full then please remave carbon powerd, and in any event, within the carbon parate of 123	120	Silver Spri USLA. RES DENCE (Where ssion) STATE Md	deceased lived, if no	stitution. Residence before	136 CITY OR TOWN	13d INSIDE CITY EIM-TSP	Land allegel Inter	NUMBER	INDUSTRY 1	t.
nd cam remave		ATHER S NAME _ First	Midd	Wontgomery less	1s. MOTHER'S	MAIDEN NAME First		ndbury Middle	Road	Lost
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	- Y	/ //0	yes give war at dates of service	1/8-14-/30		rine J. D	uckett 89	11 Sud	bury Ro	ad
that the death certific an. by the attending pathys transit permit. Then p cremation, or removal,		PART I DEATH WAS	: MALSED BY: IMMEDIATE CAUSE (0) :	per ine for (o), (b), and (c).	ry th	rome	Posis	p-	BETWEEN OF	MUSSET AND DEATH
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e la tenctence la base as prio	TIFICATIO	190 DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATION WAS PE	RFORMED 200. AUT		20b. IF YES, WEI CAUSES OF DEAT		INSIDERED IN CE	RTIFYING
- 2 a a a	CAL CERT!	210 ACCIDENT WAS UNIT OF CONTRIBUTING CAUSE (If either, notify medical	SE OF DEATH HOUR	7.13		CCURRED (Enter not	ture of injury in Port	or Port 2, H	tem 18)	
PHY e ho his of the Dep	MED	21d. INJURY OCCURRED While Not while at work	21e. PLACE OF INJU	JRY (AT HOME FARM, STREET FAI OFFICE BUILDING ETC.		reet or R.F.D. No.	City or Town		County	Stote
0 = 1 = = W		22a. I certify that		ottended the decease	ed from	, 19.44-C), ta	/D-, 19_	69, that	(I) (we) last
or ATTENDIN be retained by DIRECTOR: Afte ge 3 should be led with the Sta		causes stated	abave, (i) (we) (c	did) (did-set) view the	bady after death.				ATE SIGNED	// C
0 0 = 7/		Zesles 22d PHYSICANS	WARR	arris M.	22e A0	DIRECT	TOR STAFF		70-	59
TO HOSPITAL Page 4 may be forector, page shauld be file	730	NAME (Type) #	23b DATE	S 234 NAME OF	CEMETERY OR CREMATORY	/ /	IN LOCATION (CITY O	rui 2	(County)	(Store)
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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

- 1	1. DE	CEASED-NAME	First	Middle		Lost		20. DATE OF D	EATH		2b. HOUR
- [(1	ype or print)				EdWA	eds		Month Do	y Year 69	645 a M
ı	3. SÉ	Х	4. RACE		S	DATE OF BIRTH		6	AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS
- 1		-tima	k	Wh.		2	-5-69	9	last birthday) - YRS.	MONTHS DAYS	HOURS MIN
ı		BIRTHPLACE (Stote or foreign			8. MARRIED	NEVER MARRIE	DIX) 9.	COUNTY OF D	EATH	-	
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П	14. F	ATHER S NAME First	Middle	Last	Is. A	AOTHER'S MAID	EN NAME First		Middle		Lost
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١		18. CAUSE OF DEATH (En	for Aniu and course and	10 / 50 / 10 50 / (0)		. 12					XIMATE INTERVAC
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		Conditions, if ony, which		AS A COMSTQUENCE OF	1			V			
		rise to immediate cause	(c),(AS A CONSEQUENCE OF	S						
		stating the underlying co	(c)	THE PERSON NAMED OF							
		PART 2 OTHER SIGNIFICAN		UTING TO DEATH BUT NO	T RELATED TO T	HE TERMINAL D	ISEASE OR CON	DITION GIVEN I	N PART 1(a)		
-	z										
	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PER	RFORMED 20a AUTOPSY?			20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
	ZTIFI(YES 🔲	NO 🗆	CAUZEZ	IF DEATH?		
`		210. ACCIDENT WAS UNDE	E 1 00 1 100 1 1		21c. HOW	INJURY OCCUR	RED (Enter no	oture of injury	in Port 1 or Port 2,	, Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE (If either, notify medical e	examiner) P.M.	. 19							
		21d. INJURY OCCURRED	21e. PLACE OF INJURY	(AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY) 21f LOCA	TION Street o	r R.F.D. No.	City or	Town	County	Stote
		at work at work				.,-		4			
		22o. I certify that (I) (this hospitol) of	tended the deceose	d from	2 tim	1962	, 10	, 19), tho	ot (I) (we) last
		saw the deceas	ed alive an hove (I) (we)(did) (did not) view the b	adv after de	nar in (my) ath	(our) opinio	on dearn oc	curred on the d	ote and hou	r and from the
		22b SIGNATURE	10 de	, (0.0 , 10.1) 1.0 1.1 1.10 0	7				226	DATE-SIGNED	
		Herry	and Az	By MC	DEGREE	ATTENDING PHYS	MED.	CTOR .	STAFF D	1369	7
		22d. PHYSICIAN'S				22e. ADDRES	-	,			
	,	NAME (Nype)/PAG	monte Gil	bboNS M.D.		2401	Bluerie	Ige. AVE	. Wheator	ν , mD	
	23o.	BURIAL, CREMATION,	23b. DATE	23c. NAME OF C			1		(City or Tawn)	(County)	(State)
		BUT (Specify)	2/8/69	Gate	of Hear	ven Cer	netery	Sil	ver "pri	ing, Md	
3	74 T	funeral director yson Wheele:	r Funeral	Home 1331	Rockvi	lle Pi	sa RECD BY R Lke FF	B 13	1969 REGISTRAS	SCHENATURE	Just

Rockville, Maryland

VR A15 [4] 30M REV 1768

within 24 haurs after death.

lereny filled in by A

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletent filled in by a dimetar, page 3 should be detached for use as the burial-transit permit. Then please remove carban appers. Page should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 haurs

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the haspital ar attending physician.

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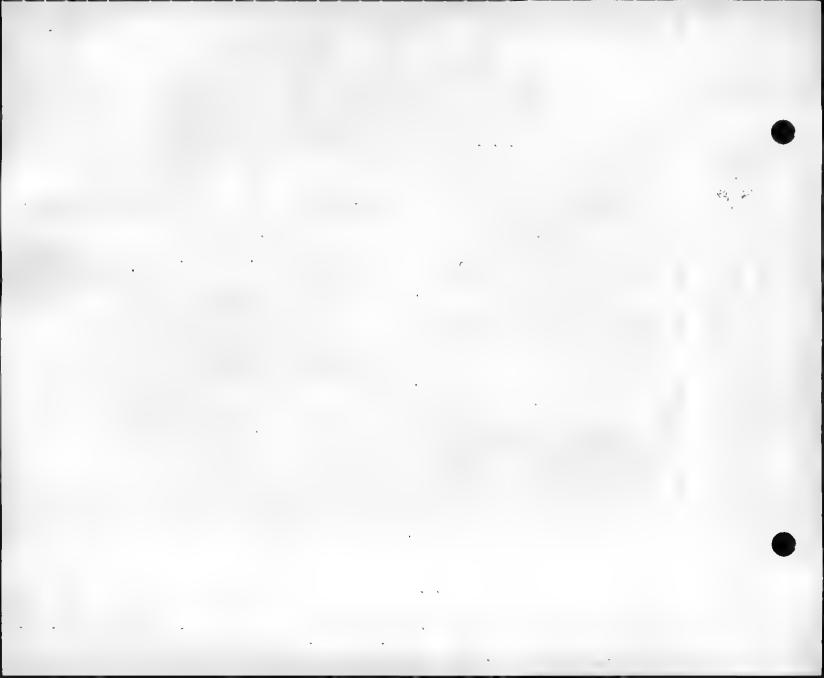
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MARYLAND STATE DEPARTMENT OF HEALTH

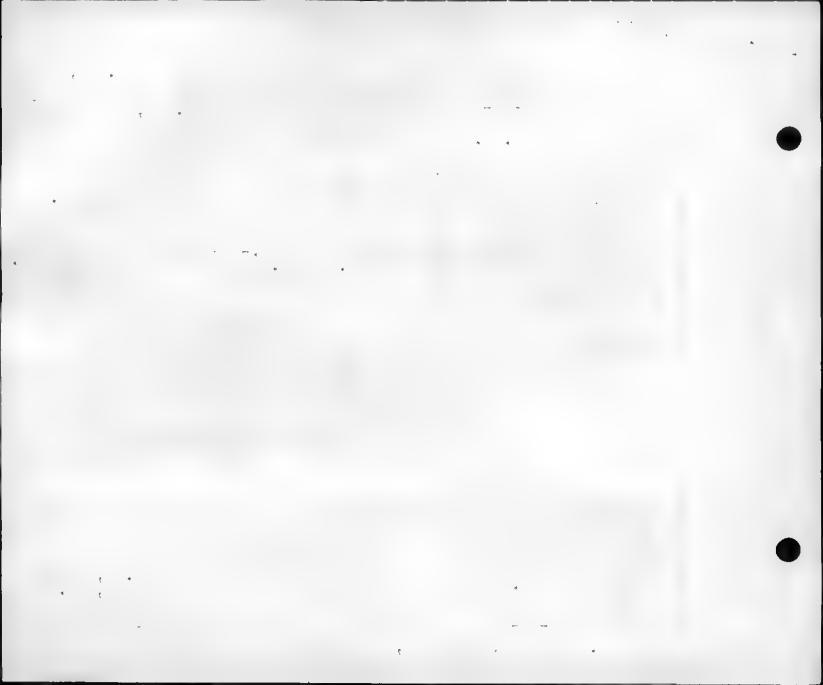
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTIEICATE DE DEATH

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केंद्र है जिल्ल	1	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	/	
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	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	l II	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	32565
HEALTH DEPT.		DECEASED NAME First Middle Last 2a DATE KNOWNE Month D	Day Year 2b HOUS
is of of	1	Type or Print) CLARA EISELE OF ESTI DEATH MATED Feb.	27,69 PM
ny deloy is 2, and 3 to PM3. Page portment af	\vdash	Female White 1-11-1872 97 YRS MONIFYS DAYS HOURS MIN MONTH, 2700 Feb. 2700	Yeor 19 69 P M
form to Depo	cau	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Montgomery	Md
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24 howrin tem ris Offee rs land?		FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Louisa (Unknown)	Last
I within 24 in pencil in Examiner's Examiner's File pages 1 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (Hyes give wor or dones of service) None Mrs. Mary C. Eisele Same a	s Item 13.
xecuted and adding in Medical Experimit. Fire within		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART 1 DEATH WAS CAUSED BY. Lobar Pneumonia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
This certificate should be executed within 24 cote, writing the word "pending" in pencil in be farwarded to the Chief Medical Examiner's I be used as a buriot-transit permit. File pages or removal, and in any event within 72 haurs		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Connected to the contract of	3 days years
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海南 書き	MEDICAL CERT	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A M. P.M. 19 210 TIME OF INJURY Month, Day, Year HOUR A M. P.M. 19	1 18)
ICAL EXAMINER: execute the certifor. Page 4 should defer your files. CTOR: Page 3 shoul buriol, cremotion,	MED	2.d. INJURY OCCURRED 21e. PLACE OF IN.JRY (At hame, farm, street, WHILE AT WORK A	County State
Poor Poor		22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection 🔀, Inquiry 🔀, death resulted fram. Natural causes 🔀, Accident, Suicide, Hamicide, Undetermined manner	
DEPUTY DICA: necessory, please ex- the funeral director. 5 may be retained for the funeral pirector. Health prior to burn		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 226 DATE SIN DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER FOLD - 28	GNED 1969
TO DEPUTY The funera S may be TO FUNERA Health pr		NAME (Type) JOHN G. BALL ADDRESS(Street, city, town, or county)Bethesda	
10 He	l l	REMOVAL (Specify)	Caunty) (State)
V U	24	FUNERAL DIRECTOR 12-28-09 GERAT HILL GRANALOTY DULL LANG. MA	CHATHRE
VR A15ME (5) 10M REV 1/68		OBERT A. PUMPHREY, Bethesda, Maryland DATE MAR 4 1969 Chart	By Jacobse



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02566 CERTIFICATE OF DEATH DECEASED-NAME Middle ond 2 deoth. First Lost 2a. DATE OF DEATH 26 HOUR requires that the death certificate be executed within 24 hours after death. 69 Year and completely filled in by the funeral Jemove Farban papers_Pages 1 and (Type or print) Month hours differ 3 SEX S DATE OF BIRTH 6 AGE (In years F JNDER YEAR IF UNDER 24 HRS temale lost bigthgroy) MONTRS DAYS HOURS YRS 76 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) MONT. U.5 WIDOWED D. VORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give styret address) during plast of working life, even if retired) INDUSTRY Kennsing 130. LSJAL RESIDENCE Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CIDY L # TS? 13e STREET AND NUMBER 13b. COUNTY odmissian) STATE YES FV 14 FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Middie Lost and in BRENNEMAN physicion (160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) signed by the attending phy-buriol-transit permit Then buriol, cremation, or removal APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), 16), and (c)/ BETWEEN ONSELLAND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any which gave ! rise to immediate cause (o). ottending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 1000 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate hos been Health prior to 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. Autropsy? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? USe YES [NO T by the hospitol or 210 ACCIDENT WAS UNDERLYING detoched for u 21h TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 19 21d IN.JRY OCCURRED 21e PLACE OF INJURY AT HOME, FARM, STREET FACTORY, 21f LOCATION Street or R F D No. City or Town County State While Not while at work at work 220 I certify that (1) (this hospital) aftended the deceased from. 100 19.5 4, to. 19 67, and that in (my) (our) opinion death occurred on the date old hour and from the cage 3 should to lela Page 4 may be retained couses stated obove, (4) (we) (did) (did not) view the body after deoth. 22b. 5 GNATURE 22c DATE S.ONED ATTENDING MED STAFF DEGREE director, page 3 should be filed DIRECTOR PHYS CLAN 22e ADDRESS NAME (Type) 230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) (State) 25a RECD BY REGISTRAR DATE FEB 2 0 REGISTRAR S SIGNATUR

don't

FOR STATE HEALTH DEPT.

O DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after death only delay is necessary, please execute the certificate writing the word 'pending' in pencil in Item 18. Give Pages 1, 2, and 3 to ny delay is 5 may be retained for your files. the funaral director. Paga 4 should be forwarded to the Chief Madical Examiner's Office along with farm TO DEPUTY

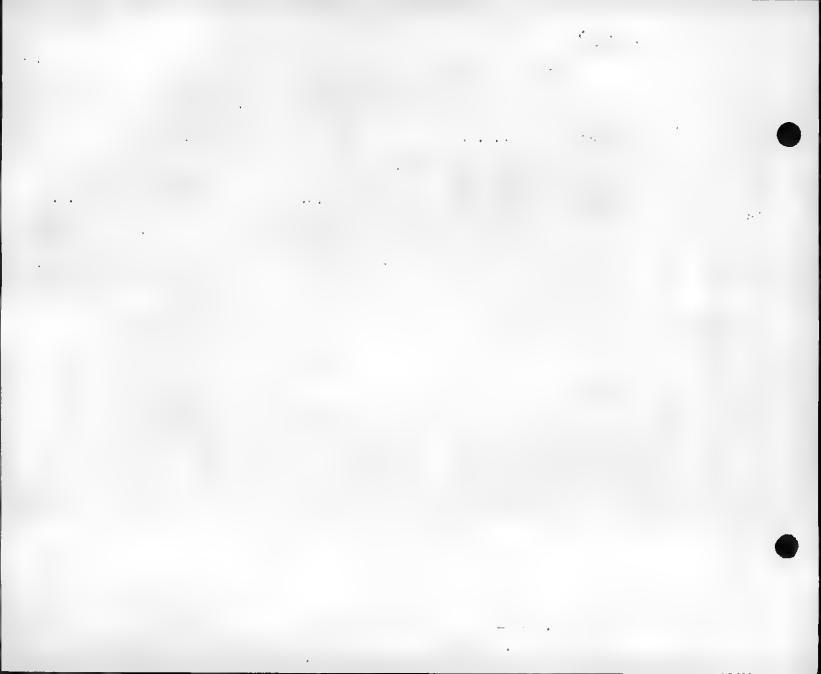
Health, prior ta burial, crematian, ar remaval, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL DECORDS 201 W DESCTON STREET PAITIMORE MARYLAND 21201

	0257	3	MEC	DICAL EXA	MINER'S	CERTIFIC	ATE C	F DEA	ATH	110 2120			025	65	
	ECEASED NAME Type ar Print)		st NIE		ddle	E	Last		2		ESTI- 💳		Day	Yeor	2b HOUR
3 Si	x Z	4. RACE	S DATE OF	BIRTH 1883	6 AGE (n year last birthday)	S F LNDER MONTHS	1 YEAR QAYS	IF UNDER 24 HOURS	HRS 2	DEATH M		Jeb Dead Doy	Yea	1969	2d. HOUR 95 M
COSIL	BIRTHPLACE (State		76 CITIZEN OF	WHAT COUNTRY?		MARRIED NE	EVER MARR		11/1	OF DEAT	[H 	·Cu			14.
10. 0	Try or town of Censing	TOD.	li gi	1. NAME OF HOSPI ive street address)	tal or institute	ON (If not n)	hosp tal .	12a USL during n	JAL OCCU	PATION (KI	nd af wo	AK dane	126 KIN INDUSTR	D OF BUS	INESS OR
13a 	USUAL RESIDENCE dmiss-an) STATE	E (Where dece	ased lived, if in 13b. COUNT	stitution. Residen	ce before 13% (I	TY OR TOWN HAS I	13d.)	MSIDE CITY LIM ES NO	ML255 13	3e STREET	AND NUM	Ster	Ro	nd	
14. F	ATHER S NAME	First		ddie Ra	Lost VMONC	1	ER'S MAIDE	N NAME	First Tda		Mid E.		(lost つじ	
	WAS DECEASED EV es, no, or unknow	ER IN U.S. ARMED		16b SOCIALS		17 INFORMA	Mr Mr -Cus	s. C ter	ole	tte , Be	EADORÉ the s	lank sda,	ins		
	PART I. Di Cand trans, if a rise ta immedi stating the un-	EATH WAS CAUS IMMSE ny, which gave late couse (a), derlying cause	SED BY: DIATE CAUSE (0) DUE TO, (b)_ DUE TO, (c)_	er the for (a), (b) Nyc OR AS A CONSEC Arteri OR AS A CONSEC	ocardial NENCE OF OSCIETO NENCE OF	sis, g	enera	lize	d, s	evere)	te		PPROX MATE WEEN ONSET	
CERTIFICATION	19a. DATE OF O	PERATION			ON FOR WHICH C	PERATION							20	AUTOPSY YES	/? NO [
MEDICAL CERT	21a EXTERNAL OF PRIMARY OF CAUSE OF DEATH	R CONTRIBUTING H	НОП	E OF MUURY Month R A.M. P.M.	19	21c HOW IN		, i	r nature	at injury in	Port 1 a	r Part 2, I	em 18.)		
×	21d INJRY OCC WHILE INC AT WORK A		PLACE OF INJUI factory, office but	RY (At home, farm ilding, etc.)	ı, streel,	21f. LOCATION	A Street or	R.FD No		City or	Tawn		County	У	State
		certify that I sulted from:		of the remains causes 🔀 ,			, I	Hamicide		Undeter		quiry [] manner	·	nd in m	y apinian
	ACTUAL SIGNATURE EXAMINER'S	9	Im s	b. Bat		M.	D. ASSIST	MEDICAL E) ANT MEDIC Y MEDICAL	AL EXAMI EXAMINE	R 🔣		226. DATE 706.		969	
23a	NAME (Type) BURIAL, CREMAI REMOVAN(Spec	ION. 23	n G. B b DATE 2-10-6	23c	NAME OF CEMETE St Law		TORY		23d. 1	ocation (C Sale	i⊧y or Tow	vn)	(Caunty)	(S	tate)
	FUNERAL DIRECTO	ORRober	t Λ. Ε	umphre, Beth	y ADDRESS		2	So RECD ATE				GISTPARÉ	SIGNATÜ		das



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02568 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2g. DATE OF DEATH within 24 hours after death (Type or print) Month Bertha Embrey Ann 1969 February 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (In years IF LONDER 1 YEAR F JNDER 24 HRS last birthdoy) MONTHS DAYS HOURS March 10, 1874 W 70 BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Vermont U.S.A. Montgomery WIDOWED IX DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a JSUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Asbury Methodist Home during most of working life, even if retired)
housewife INDUSTRY remove carban Gaithersburg completely 130. USJAE RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE COUNTY 3823-25th Place, N.E. Washington, D.C. YES 🗙 in ony requires that the death certificate be ex physician and chemical phones removed the phone of the phone removes the phone of t 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Lost Middle Last Jacob Halpenny Annis D. Stevens and 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no grunknown) removol, 212-54-7173-T Asbury Methodist Home, Gaithersburg, Md. signed by the ottending buriol-transit permit. The 18. CAUSE OF DEATH (Enter only one cause per line for (g), [B), and (c). BETWEEN ONSET AND DEAT PART : DEATH WAS CAUSED BY. neumerica burial, cremation, or IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise la immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been the of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO | O FUNERAL DIRECTOR: After this certificate by the haspital or 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) j OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M be detached 21d IN JRY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (1) (this hospital) attended the deceased from... and that in (my) (aur) epinion death occurred on the date and hour and from the saw the deceased alive onbe retained causes stated above, (1) (we) (did) (did for) view the bady after deoth. 22b. SIGNATURE 22c DATE SLENED ATTENDING STAFF director, page 3 DIRECTOR 22d. PHYSICIAN S 22e, ADDRESS NAME (Type) 23a BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Tawn) (State) (Caunty) REMOVAL (Specify) Ϋа Manassas Cemetery 24 FUNERAL DIRECT Gaithersbirgett BBY RECESTRAR Gartner VR A15 (4) 45M - 1/69



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02569 82574 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED-NAME 2b. HOUR First (Type or print) # JNDER ! YEAR 3. SEX S DAVE OF BIRTH 6 AGE (In years HOURS requires that the death certificate be executed within 24 haurs aft 1886 6 JUNE 9. COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED please remave carban papers. I, and in any event, within 72 h country) MONTGOMERY WIDOWED TO DIVORCED [7] 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 320 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) LAW CENCE during mgst/of working life, even if retired) INDUSTRY 13o. USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c CITY OR TOWN' 13e STREET AND NUMBER 13d INSIDE CITY LIM TS? YES 422 ST. 1 ANRENCE DE Kamine Lost Lost ONVERY ETFR 17 INFORMANT 160. WAS DEEEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, not of unknown) (If yes give wor or dates of service) ar remaval, 236-05-8891 the attending phys APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) OFTWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) medica Coronary Conditions, if only, which gove) burial-transit Coronary and rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couses PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO X O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work at work 220 I certify that (I) (this hospital) attended the deceased from 1955, 19, to Feb. 6, 1969, that (I) (we) lost sow the deceased alive an January 24, 1969, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS MED DIRECTOR **DDEGREE** director, page shauld be filed 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 9301 NAME OF CEMETERY OR CREMATORY 7400 GEORGE ADDRESS: A VR A15 (4) 30M REV, 1/68 ASHINGTON AC 20012



82575 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and compretely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02570

CERTIFICATE OF DEATH

		_										
	ECEASED-NAME Type ar pnnt)	First ERI	C	Middle	ļ		xENGLUN	2a DAT	OF DEATH Month	24 Day	1989	2b. HOUR 3,38
3. 5	X		4 RACE			S DATE OF	BIRTH		6 AGE (Ir	years	IF UNDER YEAR	
	Male		Caus	asian		h=1-	1893.	aced	last birtl	hday) [YRS,]	MONTHS DAY	S HOURS MIN
7a.	BIRTHPLACE (State or fo	reign	7b CITIZEN OF WH.	AT COUNTRY?	8 MARRIE	ED NEVER MA	IRR:ED .	9 COUNTY	OF DEATH			-
CGO	weden		United	States	WIDOW		DRCED _	Mont	gomery			Mc
10	CITY OR TOWN OF DEAT	Н	11 NA	ME OF HOSPITAL OR INS	T TETION (lf nat in haspital	12a USU.	AL OCCUPAT	TON (Kind of v	vark dane	12b KIND (OF BUSINESS OR
	Wheaton				11 5 N	ursine l	Hondaring m	ou'd PAGR	liva litefeven i	f refired)	KSTZUGMI	Gov't.
13o adm	USUAL RESIDENCE (Who issian) STATE	ere decease D.C.	d lived, if institution 3b COUNTY		1	or town ington	13d. INSIDE CITY L YES N		STREET AND N		Street	N.W.
14	FATHER'S NAME FIR	rst	Middle	Last		IS MOTHERS A	MAIDEN NAME I	First		Middle		Last
	0.3	laf	Peter	r Englun	d]7	larie				Haggbla
	WAS DECEASED EVER I			16b SOCIAL SECURITY N	0 1	7 INFORMANT				Address		
,	(es, no, ar unknawn)	(It Ads Disk MD	r or dates of service)	579-56-88	185 1	Mrs. Gl	adys Tn	glund	, Widow	v, rad	te 25 #	13
	18 CAUSE OF DEATH	(Enter only	ane cause per lim	e far (a), (b), and (c))			A					DXIMATE INTERVAL
	PART I. DEATH W	AS CAUSED	E CAUSE (a)		el	heat	Ten	bouch	oken		7	Mine to
	4/ "	(IIIA L D) T		A CONSEQUENCE OF	2	-					A	,,
		Conditions, if any, which gave										
	rise to immediate co stating the underlyin			A CONSEQUENCE OF								
	last. (c)											
	PART 2 OTHER SIGNIF	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)										
Z		2 or mare previous cerebiovascular Thimbones										
CERTIFICATION	19a. DATE OF OPERATIO	N 19b C	ONDITION FOR WHI	H OPERAT ON WAS PER	FORMED	20a. AUT	OPSY?		F YES, WERE		ONSIDERED IN	CERTIFYING
NIFI(YES NO CAUSES OF DEATH?											
	210. ACCIDENT WAS U	INDERLYING			21c	HOW INJURY OF	CURRED (Ente	r nature of	njury in Port I	or Port 2, 1	Item 18)	
WEDICAL	OR CONTRIBUTING CA			Month Day Year								
ME	2 Id INJURY OCCURRED While Not while of work of the place of INJURY (AT HOME FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town County of work of work										State	
	22a. I certify tho	t (I) (this	hospital) atte	nded, the decease	d from_	Mar	19/	04, to	7 H)	- /191	ESENA	it (I) (wat-ins
	22a. I certify that (I) (this hospital) attended the deceased from March, 19 (A, to THE 19(ESF Mot (I) (we) ast saw the deceased alive an February 19(C), and that in (my) (our) apinion death occurred on the date and hour and from the											
	causes stated abave, (1) (wet)(d.d) (d.d.net) view the bady after death,											
	226 SIGNATURE Clevard W. Gourf Concrete ATTENDING MED DIRECTOR DIRECTOR DIRECTOR DIRECTOR TECHNIQ 24,										24,196	
	22d. PHYSICIAN S NAME (Type)	E.	YOUNG	S-BLOOL	>	22e. AD	W AS	H: NO	STOK	24	INIC	~,
23a.	BURIAL CREMATION	23b D/		23c. NAME OF C		OR CREMATORY		_	AT ON (City or 1		(County)	(State) 10.
	KENNOAV-(Zbecip) DIJ		7-1969			Cremato	ry				e Georg	res Co.,
24	EUNERAL DIRECTOR JOSEPh GAW	lerte	Sons, T	nc. 5130	Wisc	. Ave.	PATE B	PEG STRA	CO 2567	ESTRAR S	SIGNATURE.	AR.
	N.W. Wash	D.	C 2001	6	-12	1-04	DATED	טן טי	בסו בסו		6	j



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Hmalth prior to burial, cremotion, or remayal, out in only event within 72

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	0201	D .	MEDIC	AL EXAMIN	ier's (CERTIFICATE	OF DE	ATH			023	-	
	ECEASED-NAME	First		Middle		Last			ATE KNOWN X	Manth	Day	Year	2b HOUR
1	Type ar Print)	RUTH		NIN	E	PSTEIN			OF ESTI-	Feb	15	1969	4:33A
3. \$1	EX	4. RACE	5. DATE OF BIR	TH 6.	AGE (in years lest birthday)	MONTHS DAYS	IF UNDER 2	24. 0	ATE PRONOUNCE				2d HOUR
Fe	male	White	Feb. 22	2, 1898	70 YR		HUUKS	Fe	D. 15	Day	Year	169	4:33A
	BIRTHPLACE (Stat	e or foreign 7	6 CITIZEN OF WHA	AT COUNTRY?	8. M	ARRIED NEVER MA	ARRIED 🗔	9. COUNTY C	F DEATH				
£GUN	New J	ersey [U.S.A.			- barrel	ORCED 🗀	Montg					Me
10. C	ITY OR TOWN O	F DEATH	13 NA	ME OF HOSPITAL O	RINSTITUTIO	ON (If not in hospita	12a US	SUAL OCCUPAT	10h (Kind of wo	rk dane	126. KIND INDUSTRY	OF BUSI	NESS OR
	akoma F		give si	shington	San.	& Hospit	tal "h				INDUSTRI		
130	USUAL RESIDEN	CE (Where decease	d lived, if institu	tran-Residence bei			I 3d INSIDE CITY LE	1.00	STREET AND NUM		***		
G	dmission) STATI		Hontgon	nery	\$ilv	er Spring	YES NO	° □ 14 0	1 Blair	Mill	. Rd.	#10	05
14 F	ATHER S NAME	First	Middle		351	IS MOTHER'S MA		First	Mi	ddle		Last	
	KXX XXX	MHEI Max		Radin		Bay	19		4				
	WAS DECEASED EVes, no, or unknown	VER IN U.S. ARMED FO		16b. SOCIAL SECURIT	IY NO.	17 INFORMANT	1		ADDRE	is 61 3	BUE	ST	-N.Y.C.
11	no no	Mail fit has dive w	ar or dates of service)			Mrs. Ritoc	la Gou	ld - d	aughter	- N.Y	•		
	18. CAUSE OF	F DEATH (Enter anly	ane tause per	(a) (b), and	B) (Q .		0	nn'	3		POXIMATE EEN ONSET.	
	PART I. I	DEATH WAS CAUSED	BY IE (AUSE (a)	lew	e	orona	My O	MI	wille	cie	u Cas	1	
	41	. /	, ,	AS CONSEQUENCE	OF	(1	-11	141	C 1	17	-	
	(and trans, if any, which gave) (b) Ormany Creeky Heart Beleekso										رو		
		inderlying cause		AS A CONSEQUENCE	OF /		1						
	last.)	{c}										
	PART 2 OTHER	SIGNIFICANT CONDIT	IONS CONTRIBUTE	NG TO DEATH BUT	YOT RELATE	D TO THE TERMINAL	DISEASE OR C	ONDITION GIV	EN IN PART 1(g)	,	_		-
Z		21	Zen	tral	< (Type	tes	ude	71				
CERTIFICATION	190. DATE OF (PERATION		19b. CONDITION FO WAS PERFORN		PERADON					20.	AUTOPSY	17
TIFIC				WAS PERFURN	IED?							YES 🔲	ио 🗶
	21g EXTERNAL	CAUSE WAS OR CONTRIBUTING [INJURY Manth, Day,	Year	21c HOW INJURY O	CCURRED (Ent	ter nature of i	njury in Part 1 a	r Part 2, It	em 18.)		
MEDICAL	CAUSE OF DEAT		P.A		19								
ME	21d INJURY QC	1	LACE OF INJURY (A	At hame, farm, strei	et .	21f. LOCATION Street	ar R.F.D. Na		City or Tawn		Caunty		State
	AT WORK	OT WHILE TOCK	ury, diffice building	g, etc)									
	22a. I	certify that I to	ak charge of th	ne remoins desc	ribed abo	ve, held an Aut	apsy 🔲,	Inspecti	an 🔀 , In	quiry 🔀	and	d in m	y opinion
	1	esulted frem?	Natural caus		lent 1	Suicide .	Homicide		ndetermined	manner			, ,
		161	00			/ CH	HEF MEDICAL I	EXAMINER	П				
	ACTUAL SIGNATURE _	/ 2/18	deen	101.	Les	. 1895		CAL EXAMINER		22h DATE	SIGNED		
	EXAMINER'S	D			XII		PUTY_MED CA			1-A		1	aic
	NAME (Type)	DELL	DEN	A. 1	72	AP MAS	DRESS STORE	cuty town of	spunty)	R.V.	/ J	,/	167
23a	BURIAL CREMA	T ON, 23b	/ /	23c NAME	OF CEMETER	RY OR CREMATORY		23d_LOCA	TION (City or Tax	vn)	(County)	(SI	tate)
	REMOVAL (Spe	器(二	17/69	Mor	HIFO	Re Ceme		Br		17 /	N.Y.		
24	FUNERAL DIRECT		ustruck	y Joces AD	DRESS -	501-11/57 N			1 1400	GISTRAR S	SIGNATURE		
	1		0		~ v a	SHIDE	OF EB	19 19	169 1	Land	By Year	The state of	-

VR A15ME (5) 10M REV 1/68

TO DEPUTY



	Ttem8 FilmGlo9 MARYLAND STATE DEPARTMENT OF HEALTH 2 /31 /69 lst DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	2/21/69 kit Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2572
HEALTH DEPT.	1. DECEASED NAME First Middle Last 20 DATE KNOWN Month	Day Yeor 2b HOUR
	(Type or Print) Nathan none Fanaroff DEATH MATED 2	9 69 11:204
\$ 0 0 × 5	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (n years IF LNOER I YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD lost burthday) MONTHS QAYS HOURS M.N. Monable (not be a second or control of the second or control or contr	2d HOUR
de d	14 W 10-10-87 81 YRS. MARINS WATS POURS MAIN MODELS - 024	Year 6 7 1 32 M
E 4, 1	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
de es de la companya	COUNTY) Russia US WIDOWED TO DIVORCED Montgomery	Md
the Poges	10. CITY OR TOWN OF DEATH 11 NAME OF MOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired) Takona Park 12 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Washington San & Hosp Therefore	126 KIND OF BUSINESS OR INDUSTRY
	Takoma Park (Washington San & Hosp during most of working life, even if retired) 130 USUAL RESIDENCE (Where deceased lived, if institut an, Residence before 13c CITY OR TOWN 13d MS-DE CITY LIMITS? 13e. STREET AND NUMBER	
hours after death tem 18. Give Pog Office along with and 2 with the sta	odmission) STATE Md. 13b Monte. Bethesda YES NO 8006 Whittier	Blvd
hours Item 18 Office 1 and 2	14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Lost
24 ho	Louis Fanaroff Mary	Fanaroff
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	Beth.
within percil Exomine File pog	(Yes, no, ar unknown) (if yes give war or dotes of service) 579-32-2105 Louis Fanaroff - 7101 Loch	Lomond md.
should be executed wit e word "pending" in pe i the Chief Medical Exor uriol-transit permit. File in ony event within 72	18. CAUSE OF DEATH (Enter only one couse per line for (d), (b) and (c).) PART I DEATH WAS CAUSED BY:	APPROX.MATE INTERVA. BETWEEN ONSET AND DEATH
be executed "pending" in idef Medical E insit permit. F event within	IMMEDIATE CAUSE (o) VI CALLETTO PALLET, I CALLET THE	
e execution pending of Medic	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove	
d be Chie tran	rise to immediate couse (o), (b)	
should be executed no word "pending" is the Chief Medical burial-transit permit.	storing the underlying cause Due 10, Ok AS A CONSEQUENCE OF	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVENIN PART 140)	
is certificata te, writing the forwarded to e used as a be removal, and	2 Diabetes Mellitus! arterioscleratie Nea	A Desease
certification of week used imoval	190. DATE OF OPERATION 196 COND TON FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
This reate, be for the unit to the unit ten		YES NO
±		erme and
NER hou iles.	PRIMARY OR CONTRIBUTING A POUR A PLACE OF INJURY (At home, form, street, 21f, LOCAT ON Street of F.P. No.	County State
KAL EXAMINER: execute the certs for. Page 4 should ed for your files. CTOR: Page 3 shou buriel, cremation,	WHILE AT WORK	I have mis
DEPUTY DICAL EXAM SCESSORY, pleose execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page softh prior to buriof, crem	220. 1 certify that I taak charge of the remains described abave, held an Autapsy , Inspection , Inquiry	and in my opinion
CAL exe or. F d fo TOR	death resulted from: Notural couses A Accident D, Suicide D, Hamicide D, Undetermined monner	
pleose direct direct retoine DIREC	CHIEF MEDICAL EXAMINER	
rior rior	SIGNATURE SIGNATURE 22b. DATE	E SIGNED
Sary Sary Sery Sery De p	EVAMINED DEBUTY MEDITAL EXAMPLE A TALL	9/9/9
o DEPUTY necessary, please the funeral direct s may be retaine o FUNERAL DIRE Health prior to	NAME (Type) BELDEN R. TEAT 17, D. ADDRISTMED EN DOUNTY)	2
55 the state of th	230. BUR AL CREMATION, PEMOVAL (Specify) BUT1 al 230. Date 230. NAME OF CEMETERY OR CREMATORY PED. 10/69 Elesavetgrad Cemetery Washington	(County) (Stote)
	Buriar Feb. 10/69 Elesavetgrad Cemetery Washington 24 FUNERAL D RECTOR ADDRESS 1250 RECID BY REGISTRAR 256 REGISTR	
VR A SME (5)	Bernard Danzansky & Sons Washington D. Come FEB 1 3 1969	ander Juan
10M REV ±768	washington, it the first t	I U

, j

While Not while at work

22a. I certify that((1) (this haspital) attended the deceased from _19___ Tand that in (my) (aur) apinion death accurred an the date and haur and fram the saw the deceased aliveran. causes stated above (1) (we) (did) (did na) view the bady after death

MIN

DEGREE

DIRECTOR

STAFF PHYS.

23d LOCATION (City or Town)

22c. DATE SIGNED

(County)

(State)

22d. PHYSICIAN'S NAME (Type)

226 SIGNATURE

Allan B. Cohan, M.D.

PHYS. 22e. ADDRESS

ATTENDING

13515 Georgia Ave..Sil.Spr..Md

230. BURIAL, CREMATION

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

250. RECD BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

requires that the death certificate be executed within 24 haurs after death.

funeral 1 and 2 er death.

temave carban papers, Pa

physician ne please

signed by the burial-transit p

as the

be detached for use State Dept. of Health

TO FUNERAL DIRECTOR: After this certificate has been

Page 4 may be retained by the haspital

TENDING PHYSICIAN:

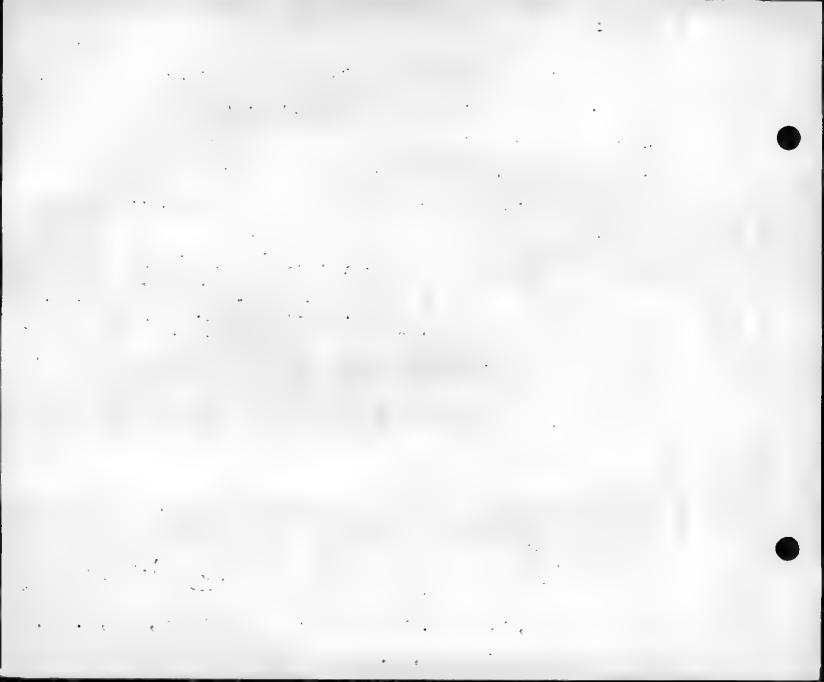
O HOSPITAL

burial, crematian, or remava

director, page 3 should should by tiled with the



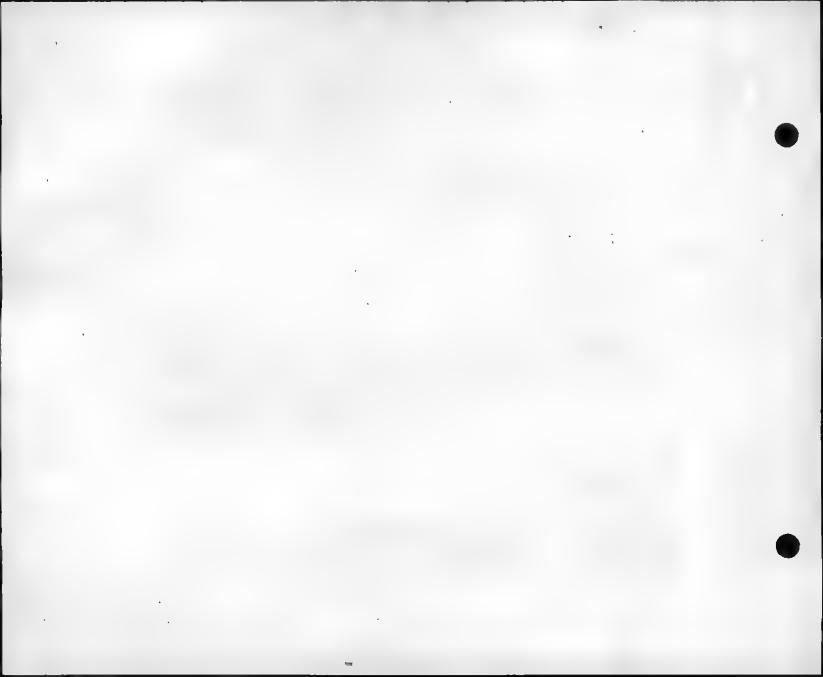
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02579 02573 CERTIFICATE OF DEATH DECEASED NAME Middle Last 2n DATE OF DEATH 2b. HOURTO death. requires that the death certificate be executed within 24 hours after death. Pages 1 and 2 (Type or print) Kenneth Allen Flowers 2:30 M February 6 AGE (In years last birthday) IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH MONTHS DAYS HOURS Male White 29 December 1965 cran and completely filled in by the cose remove carbon papers. Pagandin any event, within 72 hours 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 8 MARRIED ☐ NEVER MARRIED 🖾 USA WIDOWED [DIVORCED [Montgomery District of Columbia 10. CITY OR TOWN OF DEATH 17 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12o USUAL OCCUPATION (Kind of work done 125. KIND OF BUSINESS OR during most of working life, even if retired) Ine Clinical Center, NIH INDUSTRY Bethesda 13a USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 38 INSIDE CITY JIMITS? VPrince Georges YES X NO. 3801 St. Barnabas Road Suitland IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Patricia Tucker Ernest Flowers 16b. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give war or dates of service) signed by the attending phys burial-transit permit. Then pl burial, cremation, or removal, The Clinical Center, NIH. Bethesda, None septicemia 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Wound dehisence, evisceration and systemic 2 - 3 days DUE TO, OR AS A CONSEQUENCE OF Mild subdural hemorrhage - terminal (b) Perforated colon 1/23/69, gastrointestinal bleeding 1/26/69 Canditians, if any, which gove) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physician. stoting the underlying couse Acute lymphocytic leukemia 21 months PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been detached for use os the te Dept. of Health prior to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? 1/23/69,1/26/69 Gastrointestinal bleedings Yes NO [21b. TIME OF INJURY 21s. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical exominer) 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while of work director, page 3 should be de should be filed with the State 22a. I certify that (N (this haspital) attended the deceased from 22 January, 1969, to 5 Feb., 1969, that N) (we) lost saw the deceased alive an 5 February 1969, and that in (aury) (aur) apinian death accurred an the date and haur and from the causes stated above (N, (we) (did) (N) (N) (V) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR STAFF PHYS. February 5, 1969 22e ADDRESS The Clinical Center, National 22d. PHYSICIAN'S Institutes of Health, Bethesda, Maryland NAME (Type) Peter J. Deckers, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE (County) 230 BURIAL CREMATION Burial (Specify) Va. 1969 Mt. Carmel Cemetery Middletown, Fred, Co. Feb 9. 2So. REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 Alexandria, Va.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02575 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME 20 DATE KNOWN A Month Doy Year 2b HOHR (Type or Print) DEATH MATED AGE (In years IF JINDER 1 YEAR 3 (F) 4 RACE 2c DATE PRONOLNCED DEAD S DATE OF BIRTH 2d HOUR 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9 COUNTY OF BEATH WIDOWED [DIVORCED (10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in bospito 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life even if retired) INDUSTRY and 2 with the Give ong v 130 USUAL RES DENCE (Where deceased lived, if institution Residence betwee 13c CITY OR TOWN 13e STREET AND NUMBE 14. FATHER'S NAME MOTHER'S MAIDEN NAME This certificate shauld be executed within 24 bages haurs farwarded to the Chief Medical Examiner's 160 WAS DECEASED EVER IN L. S. ARMED FORCES? pencil (Yes, no, or unknown) event within IB CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c) permit. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Locaration + contusion of Brain. com IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Fracture 15kull Conditions fony, which gove rise to immediate couse (a), writing the ward stating the underlying couse w Trauma. from, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11-01 ø Ş 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? Jon-29, 1969. the certificate. YES | NO IV 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy Year 21c HOW NJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18 PRIMARY OF OR CONTRIBUTING should DICAL EXAMINER: Fellen ice in drive way at hope straking Hazi 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f TOCATION Street or R.F.D. No. City or Town factory office building, etc.) AT WORK AT WORK Privater Homn DA. Potoma burial, 22a | certify that I took charge of the remains described above, held on Autopsy ... Inspection 🔀 Inquiry 50, and in my 65 nion the funeral director Natural causes , Accident X death resulted from: Suicide . Homicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPLTY MEDICAL EXAMINER 54 **EXAMINER'S** Health NAME (Type) ADDRESS(Street, city, town, or county) 50 230. BUR, AL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) VR A15ME (5) Ave. N.W. Wach. D.C. 20016 DATE 10M REV 1/68



02581 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02576 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle death. First 20. DATE OF DEATH 26 HOUR be executed within 24 haurs after deoth. and (Type or print) 1145 apr 4. RACE 5. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 24 HRS HOURS 710V. 2. YRS 70. BIRTHPLACE (State or foreign 76. CIT-ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED purial-transit permit. Then please remove corbon papers. burial, cremation, or removal, ond in ony event, within 72 ho country) prystatur.
signed by the ottending physician/ond completely filled in burial-transit permit. Then please remove corbon papers. WIDOWED DIVORCED [T] 11 NAME OF HOSPITAL OR INSTAUTION (If not an hospital 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of wark done 126 KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY priyo Colonia 1) OME 130 USUAL RESIDENCE (Where deceased hyed, if institution: Residence before 13c CITY OR TOWN 3d INSIDE CITY LIM TS? YES ST Jary (aud Fraduic. 14. FATHER'S NAME First Middle 15 MOTHER'S MAIDEN NAME First Middle Walhrop dia 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) Tluvsia 12325 Here Hampshire law requires that the death ceg APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: 2. 1400_ IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) ASCVO ase to immediate cause (o), Page 4 may be retained by the haspital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 19n. DATE OF OPERATION 20g. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO -21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Month Doy Year 21d. NJJRY OCCURRED (AT HOME, FARM, STREET FACTORY,) 21F LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while of work OR ATTEMBINE 22a. I certify that (I) (this haspital) attended the deceased from Cov., 1967, to 126, 1969, that (I) (we) last saw the deceased olive on Fell 4, 1969, and that in (my) (our) apinion death occurred on the date and hour and from the _, that (I) (we) last causes stated abave, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c. DATE/SIGNED **ATTENDING** STAFF DEGREE DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) ARLINGTON CEHETERY SONG CO. INC. ADDRESS 1 300 -N ST. N.W 250 REPORTEGETER VR A15 (4) WASHINGTON DC DATE



ny delay is

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02577

l		02582 MEDICAL EXAMINER'S CERTIFICATE OF DEATH									
		ECEASED-NAME Lost First Middle Frankenfield 20 DATE KNOWN Month Day Year 25 HOUR OF ESTI- DEATH MATED 2-24 199 M									
	3. SE	A RACE S DATE/OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 21 DATE PRONOUNCED DEAD Month Day 4 Year 69 230 Months DAYS HOURS MEN MONTHS DAYS HOURS MEN MONTHS DAY Year 69 230 Month Day 4 Year 69 230 Months DAYS HOURS MEN MONTHS DAYS M									
	70. Е совя	BIRTHPLATS (State or foreign 76 CITIZEN OF WHAT COUNTRY? B MARRIED MINEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED MORAL MACKET MARRIED MARRIED MINEVER MARRIED MA									
·	0 0	ITY OR TOWN OF DEATH, II NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b MND OF BUSINESS OR									
	5	1/VER Springs give street orderes) CROSS during most of working life, wen if settred) INDUSTRY CONSTRUCTION IISIIA RESIDENCE (Where deceased lived if institution) Residence head a list CITY OR TOWN 1 136 UNDICTION 139 STREET AND N. IMPRE									
1		USUA. RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CTYMIN.15? 13e STREET AND NJMBER THIS STATE 13b COUNTY MORTOR Sel, Abr. YES NO 15th About Ove.									
ſ	4 F	ATHERS NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost									
ŀ	60.1	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT _ ADDRESS SEE H 13									
		es, no, pri unknown) (If yes give war or dates of service) 214-03-8651 /CVTH J. FRANKENFIELD SEE # 13									
ľ		18. CAUSE OF DEATH (Enter only one couse per line to, (a), (b) and (y)) PART I. DEATH WAS CAUSED BY. APPROXIMATE INTERVAL BETWEEN CHISCH AND DEATH									
ı		DUE TO, OP A) A CONSEQUENCE OF									
۱		Conditions, if any, which gave rise to immediate cause (a), (b) Cornary Circlery Hear Fill 13 ch 12									
l		storing the underlying cause Due TO, OR AS A CONSEQUENCE OF lost.									
ļ		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COMO TION GIVEN IN PART 1(e)									
	CERTIFICATION	196. DATE OF OPERATION 196 COND TION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES NO									
	MEDICAL CER	21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING PART 2, Item 18.) PRIMARY OR CONTRIBUTING PART 2, Item 18.) PRIMARY PART 19									
l	MEC	21d INJURY OCCURRED AT WORK AT WORK 21e PLACE OF INJURY (At home, form, street, factory, office building, etc.) AT WORK AT WORK AT WORK 21e PLACE OF INJURY (At home, form, street, factory, office building, etc.)									
		22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Acc.dent, Suicide, Hamicide, Undetermined manner									
		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 226 DATE SIGNED									
1		EXAMINER'S BELDEN R. READ M.D. ADDRESS POR COUNTY) FOR 24, 1969									
	23a	BUR AL, CREMATION, 23b DATE 23c MAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Town). Townly (Stote).									
	24	EUNERAL DIRECTOR GAWER'S SONS-WASHINGTON DATE 250 PRECIDENCE 250 P									

PM3 Page TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 79 haure after death necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, 2, and 3 ta ce olong with farm Health prior to burial, cremation, or removal, and in any event within 72 hours after death. the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's O 5 may be retained far yaur files.

DICAL EXAMINER: This certificate shauld be executed within 24 haurs after death

TO DEPUTY



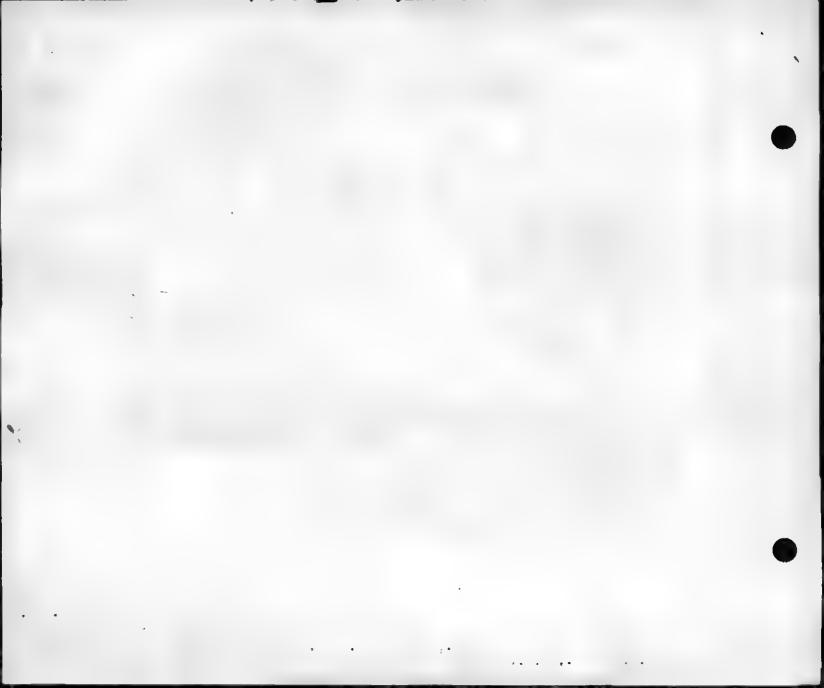
MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS.

	112583 Items Filmodos	CERTIFICATE OF D	EATH	8	2573
	PLACE OF DEATH a. COUNTY MONTGOMERY	MARYLAND a STAT	111141646 FN	D b. COUNTY MOIS	TGOMERY
	write, RURAL and give nearest town)	A	TOWN (If autside corparate lin	nits, write RURAL and give	
4	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stree	970	AODRESS Y ELROP 1	ROAD	e IS RESIDENCE ON A FARM? YES NO
	NAME OF OECEASEO (Iype or pnnt) SEX 6. COLOR OR RACE 7. MARRIED ON	Middle Lo FURMAN NEVER MARRIED 1 8 DATE OF	OF OEATH	Month 2 In years IF UNDER I	Doy Year 17 1969 /EAR IF UNDER 24 HRS.
1.	SEX 6. COLOR OR RACE 7 MARRIED N MALE OF WIDOWED 100 KIND OF 8	OIVORCED 1 1-1	3-13/1 11	birthdoy) Months 70 yrs	Days Hours M.n
dur	ng cost octoring lits even if cerved? INDUSTRY	LAW ASI	PLACE (County & Stote, or foreign		VIRY?
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIA, SI	eman mi	RY BACON	MATHEN	USON
(Ye	es, no, or unknown) (If yes give war or dates of service)	46-8352 FR	aneis Furn	RIMAND R	D. SIL, SP.
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. OEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	ADYCARDIA (with CANDIA	a Aurest	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave anset to immediate cause (a) OUF TO	notical Auter	10 Selevosi	'S	5941
	stoting the underlying cause (c)	H BUT NOT RELATED TO THE TERMINI	AL DISEASE CONDITION GIVEN IN	PART 1(a)	19 WAS AUTOPSY
FICATION	EN gitysema -	- CHAMIC RED HOW INJURY OCCURRED (Enter natur	al Torach de	Kelia	PERFORMED? YES NO
MED CAL CERTIFICATION	OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OC			y ar town) (Caur	ty) (State)
MED	Hour a.m. While M	lat While foctory, street, a at work	ffice bidg., etc)		
	saw the deceased alive an Essue M. 1			ım causes and an the	∠, that (l) (₩e) las : date stated abave Es GNED
	Rechard S Pens	. 22d	ADDRESS MED OIRECTOR ADDRESS	STAFF PHYS D Z-	7-69
230		NAME OF CEMETERY OF CREMATORY	2001 - CYC 23d EDCATIO	DN (City or Town)	County Co. (Sinte)
24	FUNERAL OIRECTOR	rt Lincoln Mauso	leum Colmar	Manor, Prince	ce Georges
	Joseph Gawler's Sons, Inc., 5	ol30 Wisc. Ave.	DATE DZ 1 198	39 Thomas	Indge.

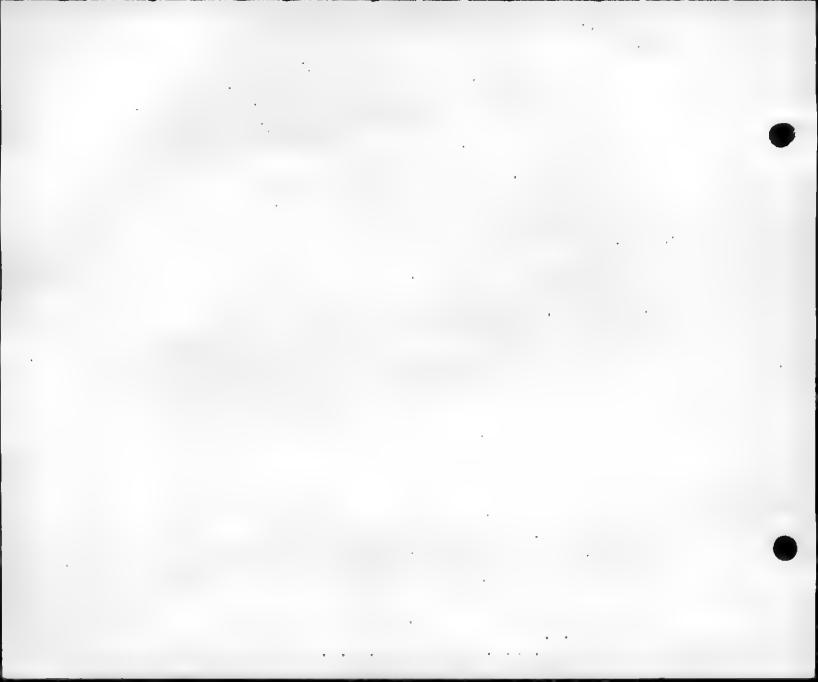
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be; executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and completely filled in by Merhangled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages of should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours and the VR A15 (4) 25M 1/67





1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1. MARYLAND
2 203	\$2585 CERTIFICATE OF DEATH	02580
death. funeral and 2 death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If inst a. CDUNTY b. STATEMA DE LA NID b. COUN	titution: Residence before admission
after withe f	b. CITY OR TOWN (If ourside corporate limits, write RURAL and give pearest town) MARYLANO C. CITY OR TOWN (If ourside corporate limits, write RURAL and give pearest town)	ite RURAL and give nearest town)
hours Targets	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	0. IS RESIDENCE
Page 1	CedarHayen Rest Home 7217 Country Glub Bo	upt ON A FARM?
completely we carbon event, with	3. NAME OF First Middle Last 4. DATE Month OF CTOPE OF DECEASED (Type or print) Lawra IV. Giltner DEATH Feb.	Day Year 5 1969
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
e execution and and in any in any	WIDOWED DIVORCED Mar. 29, 1894 74 yrs. 10a, USUAL OCCUPATION (Give kind of work done 10b, Kind Of BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country during most of working life, even if retired) INDUSTRY 11, BIRTHPLACE (County & State, or foreign country industry) 11, BIRTHPLACE (County & State, or foreign country) 12, BIRTHPLACE (County & State, or foreign country) 12, BIRTHPLACE (County & State, or foreign country) 13, BIRTHPLACE (County & State, or foreign country) 13, BIRTHPLACE (County & State, or foreign country) 14, BIRTHPLACE (County & State, or foreign country) 15, BIRTHPLACE (Count) 12. CITIZEN OF WHAT COUNTRY?
icate be e physician n please r val, and i∎	Howse Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	V.S.A.
certificate nding physi . Then ple r removal, a	Sidney Tyher Elizabeth Co	oper
at the death certification, by the attending pransit permit. Then cremove	15. WAS DECEASED EVER IN U. 9. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addres (Yes, no, or unknown) (If yes give war or dates of service) 5-18-62-3861 Harriet G. Xeatman Hyar	Country Club Gi
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
uires that the g physician, in signed by i burial-transii	4409 OUE TO Reserve To 1/2 To 1	m-Th
F & 8 5 7	gave rise to Immediate cause (a), stating the DUE TO	near
aw ten tan ias as as price	underlying cause last. (c) CALL CONTROLL OF THE TERMINAL DISEASE CONDITION GIVEN IN	PARTI(a) 19. WAS AUTOPSY
The cate	3 dipletes mallition samilty	PERFORMEO? YES NO
₹	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Mury in Part I or Part II o	T Item 10.)
har alan	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not While at work at	(County) (State)
AH ESS	21. I certify that (1) (this hopital) attended the deceased from Oct 20, 1967, to bet 3	, 1962, that (I) (we) las
ATT retz ECTO 3 sh with	22a SIGNATURE 1 ()	and on the date stated above
	22c. PHYSICIAN'S 22d. ADDRESS PHYS. 22d. ADDRESS PHYS.	2-2-69
4 7 7 7 7	NAME (Mpe) Phylo E. Jones ho liver I shows 238. BURIAL CREMATION, 1238. DAVE THEREOF 1230. NAME OF CEMETERY OF CREMATORY 1230. LOCATION (City/to	own or county) (State)
TO HOS Page TO FUN direct shoulk	burial 2/7/69 Ft. Lincoln Cemetery Prince Geo	rres County N
VR A15 (4)	24. FUNERAL DIRECTOR. H. Hines Company 255. REC'D BY REGISTRAR 255. R	Library Signature
20M 1/65	2901 14th St. N.W. Washington, L.C. DAIFEB 1 1969 A	



The law requires that the death certificate be executed within 24 haurs after death

by the haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate

Page 4 may

director, page shauld be filed

any

signed by the attending physician and burial-transit permit. Then please rem burial, crematian, ar remaval, and in an

ficate has been s far use as the b f Health priar tab

While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 30 Dec., 1968, to 10 Feb., 1969, that (1) (we) last saw the deceased alive on 10 February 1969, and that in (KN) (our) opinion death accurred an the date and haur and from the

Jauses stated above, (X) (we) (did) (did Xio Xview the body after death. DEGREE

23c NAME OF CEMETERY OR CREMATORY

MED DIRECTOR PHYS.

22c. DATE SIGNED 22e. ADDRESSThe Clinical Center, National

23o. BURIAL, CREMATION Burial (Specify) 24. FUNERAL DIRECTOR

22b SIGNATURE

PHYSICIAN S

NAME (Type)

2-15-69

23b. DATE

Lynn M. Peterson, M.D.

St. Thomas Cemetery ADDRESS 250 REC'D BY REGISTRAR A. PUMPHREY, Bethesda, Marylandone

23d LOCATION (City or Town) Archibald, Penna.

Institutes of Health, Bethesda, Md. 20014

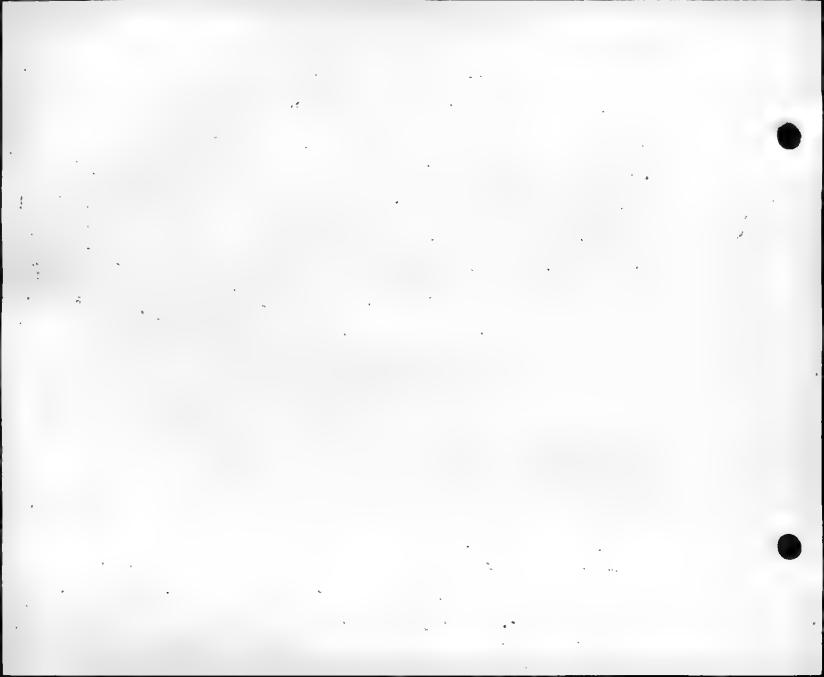
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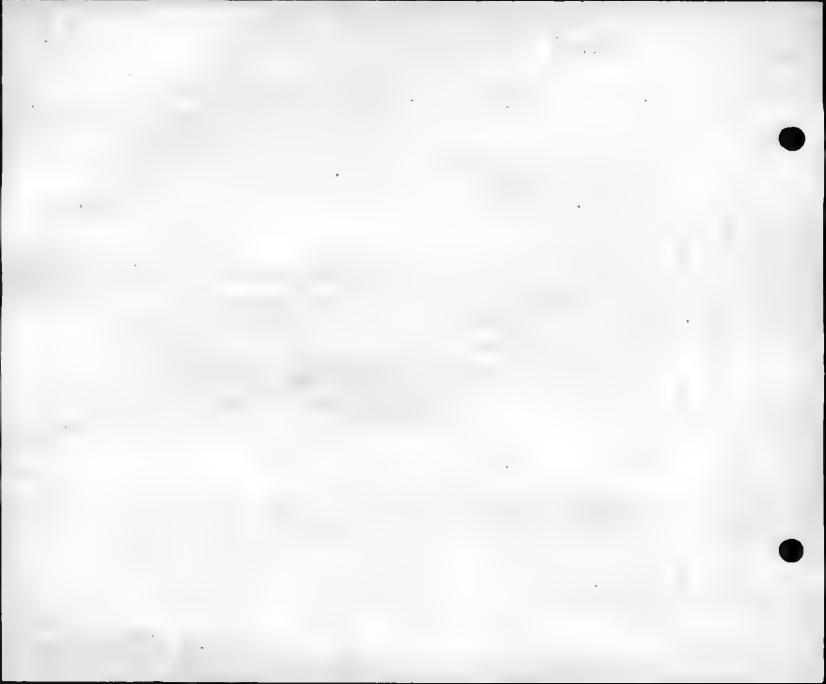
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ero and	death.		(1	(pe or print) GRACE	= L		GOODWI	N	FE B Month	Day	Year	13 P M
P 75.	EL.	ı	3 SE		4 RACE		5 DATE OF BIRTH		6 AGE (In v	ears II		IF UNDER 24 HRS.
aw requires that the death certificate be executed within 24 hours after death rading physician. been signed by the attending physician and completely filled in by the funeral is the burial-transit permit. Their phase remove carbon papers. Pages I'and 2	LS OF			EMALE	WHIT		JAN 18.	, 189	B lost birthdo	y) MC	ONTHS DAYS	HOURS MIN
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ed with	infony event, within 72			ILVER SPRIT	• •	-	WILLETANE de	HOUS	EWIFE		INDUSTRY	
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quires the physicion. Signed by surial-trois	<u>a</u> ,			last,	(c)					 		
g ph g ph sig		- 1		PART 2. OTHER SIGNIFICANT CONC	ATTIONS CONTRIBUTING TO DE	<u>ath</u> but not rela	TED TO THE TERMINAL DISE	ASE OR CONDIT	ION GIVEN IN PART 1(a)		
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he l offer oos a	ie i	71	CERTIFICATION	TALL OF CHANGE	2NOTHON TOX WINCH OF EXAM	OR WAS I ERI ORNE	YES [T]	NO D	CAUSES OF DEATH?	NDINOS CON	SIDENCE III CEI	VIII 11110
or or or te h	看の	\times	CERT	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURRED	- 42	re of injury in Part 1 or	Port 2 Ites	n 181	
함하			MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month I	Day Year				-,		
ospi cert fed	t. of	- 1	MED	(If either, notify medical examine 21d, INJURY OCCURRED 21e F	PLACE OF INJURY (AT HOME FAR	UM, STREET FACTORY)	21f LOCATION Street or R	F.D. No.	City or Town		County	Stote
Pe he here	State Dept.			While Not while at work of work	OFFICE BUILD	HIG, ETC.			, , , , , , , , , , , , , , , , , , , ,			
NG ± VG	tate			22a I certify that (I) (the saw the deceased ali	hasuital) attended the	deceased fro	n JAN 29	, 19 <u>68</u> ,	to JAN 25	. 19 6	57, that	(1) (we) last
ND Paragraph Paragraph				saw the deceased ali	ve on Januar	25-19-69	, and that in (my) (&	ur) apinian	death accurred on	the date	and haur a	ind fram the
aine Cox	with the			The second secon	(I) (wa) (did nat)	view the body (itter death.			1 00 04		
OR A be ref VIRECT 8 3 sl	`₹	H		22b. SIGNATURE	1/1/2-11	9,10	DEGREE PHYS	MED.	STAFF	1 220 DA	TE SIGNED	160
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유 를 를 받	hou		23 a	BURIAL CREMATION, 23b D.	ATE 23c	NAME OF CEMETE			LOCATION (City or Tox		(County)	(State)
ರಿ೯್ಲ ರಿ.೨	2	1	-			len Wo			Jack D.			
	11	1.3	24.	FUNERAL DIRECTOR, LA COL	an DABS A.	ADDRESS	a chaoin 25a.	ACTORD BY REG	ISTRAR 25b. REC	SISTRAR S SU	JINATURE	Ind.

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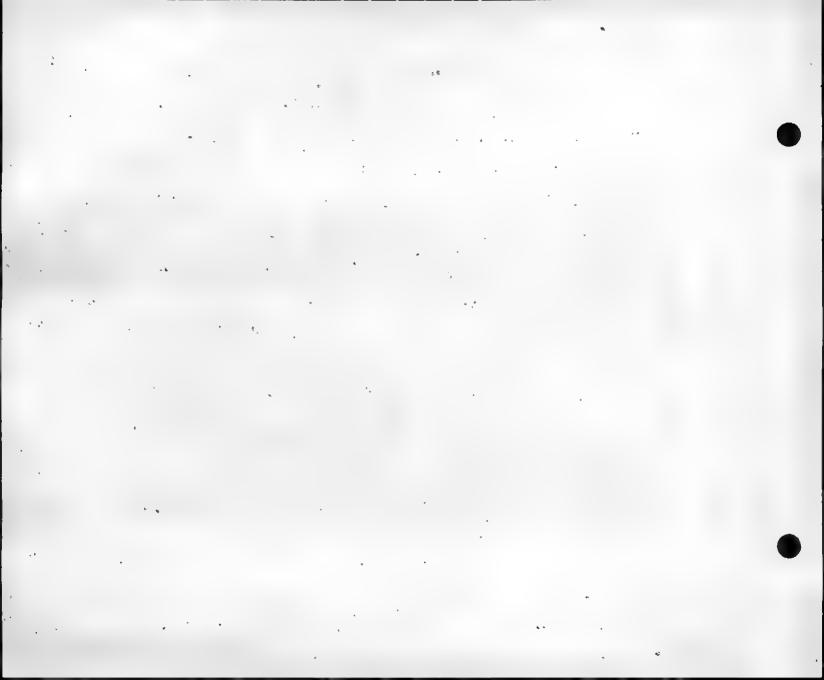
9-1	I tems, 18-22-pylsion of vital records, 301 W. Preston Street, Baltimore, Maryland 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	583
HEALTH DEPT.	DECEASED-NAME First Middle Lost 2a DATE KNOWN Month Day	Year 2b HOJR
is de g	(Type or Print) James Edward Grady OF ESTI 2 - 20	69 12:07
delay is and 3 to M3 Page	3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD Months Day Year	2d. HOUR
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Give Pages and with formith the Stote of the	Takoma Park washington San & Hosp.	
hours ofter death Item 18. Give Pag Office along with mand 2 with the Sto	13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c (ITY OR TOWN admission) STATE Md. 13b COUNTY Hyattsville YES NO 14072 Merrimac Dr.	
W	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
	Deceased Clara	LU21
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
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be executed with pending" in pen hief Medical Exam cansit permit. File pevent within 72 h		PROXIMATE INTERVAL EEN ONSET AND GEATH
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execundir Med Med nt v	DUE TO, OR AS A CONSEQUENCE OF in the left thigh	
be be in in it is in it is it	Canditions, if any! which gave nise to immediate cause (a), (b)	
ould word he Ch iol-tro any	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be e te word "per to the Chief I buriol-transit	last (c)	
a = ± = 0 = 0	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
iffico iting arder d os ol, o	NO COMPLIANCE CONTROL	AUTOPSY?
certifi orwar used movo	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	YES EL NO
i pe e di /	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21d. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of gurry to Part 1 or Part 2, Item 18).	IES NO L
그 출동 골 입	PRIMARY TO OR CONTRIBUTING 10:30m 2-19 1969 Deceased shot in left thigh acci	dentally
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5 事業でもま	230 BURIAL REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (County)	(State)
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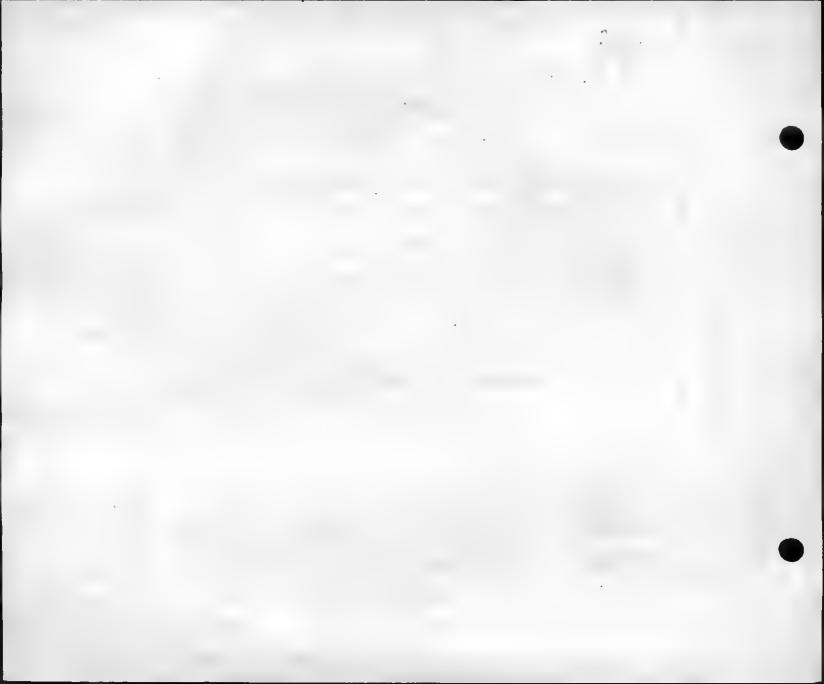




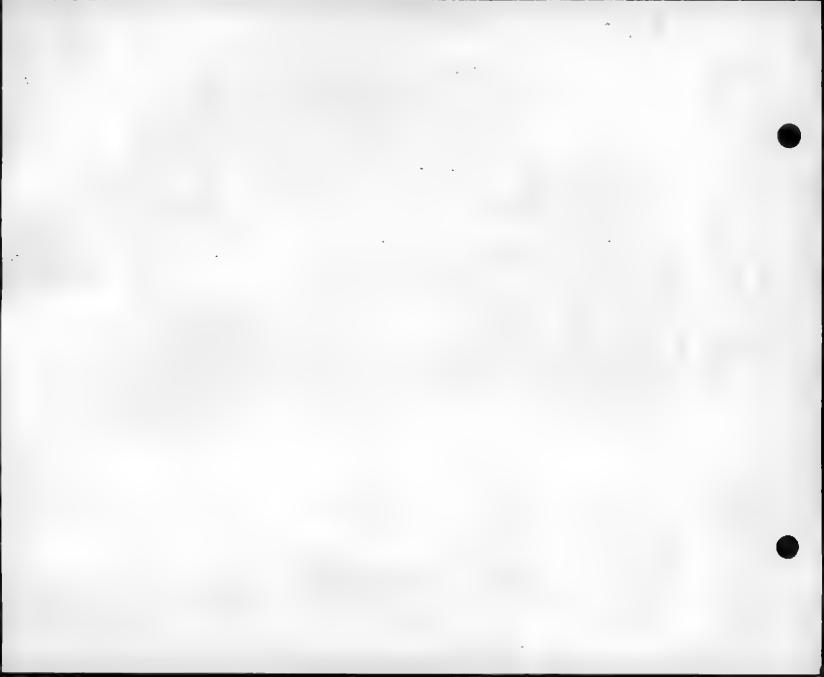
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02586 02591 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle last 20. DATE OF DEATH requires that the death certificate be executed within 24 haurs after death (Type or print) Florence February 27 1969 Bel1 Green 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years physician and completely writed in by the last bytkday) HOURS Sept. 26, 1880 W 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔲 NEVER MARRIED 🔲 carbon papers. country) Maryland U. S. A. WIDOWED X DIVORCED Montgomery ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during mast of warking life, even if retired)
Housewife **INDUSTRY** Gaithersburg event, 130, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES 🖈 NO 3404 Old York Road Baltimore and in any 14 FATHER'S NAME 15 MOTHER 5 MAIDEN NAME First Middle First Middle Last Last William Henry Green Hannah Marv Fogel 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) 214-01-1644-D Asbury Methodist Home, Gaithersburg 18. CAUSE OF DEATH (Enter only one cause per birth for (a), (b) and (c).) BETWEEN ONSET AND GEATI PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) AS A CONSEQUENCE & DUE TO, OR, Conditions, if any, which gove t burial-transit nse to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO F YE5 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21d INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. 21e. PLACE OF INJURY City or Town County 5tate While Not while at work 22a. I certify that (1) (this bespital) ottended the ceased fram_ and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive an couses stated above. (i) (well did) (did not) yiew the body ofter deoth. 22h, SIGNATURE, 22c DATE SIGNED ATTENDING STAFF PHYS director, page 3 should be filed v DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION. (State) (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS 256 REC'D BY REGISTRAR REGISTRAR S SIGNATURE VR A15 (4)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02587 02592 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME First 20 DATE KNOWN Month 26 HOUR Day Year (Type or Print) OF ESTI-DEATH MATED delay and 3 F LINDER 24 HRS pages 1 and 2 with the State Department 2c DATE PRONOUNCED DEAD AGE (In years 3. SEX 2d. HOUR MONTHS Year 70 BIRTHPLACE (State or foreign MARRIED NEVER MARRIED X 9. COUNTY OF DEATH WIDOWED [DIVORCED frem 18. Give Pages 12a USUAL OCCUPATION (Kind of work done 126 KUGO OF BUSINESS OR 10 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) give street address! Office along 13d. INSIDE EITY EIMITS? 13e STREET AND NUMBER death, 13a USUAL RESIDENCE (Where desposed lived, if institut on Residence before 13c QTY OR TOWN adm ssian) STATE 13b. COUNTY YES GULS after IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME Middle JOHN RIMES bench in A haurs Examiner's 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) APPROX MATE INTERVAL BETWEEN ONSET AND DEATH ⊆ event within This certificate shauld be executed 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and permit. PART I DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE-OF burial-transit Conditions, if any, which gove rise to immediate couse (o). writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .⊑ and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 farwarded remayal, used CERTIFICATION 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, be shauld be 6 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M crematian, CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJRY (At home, form, street, 21f. LOCATION Street or R F D. No. City or Town County Stote factory, affice building, etc.) WHILE NOT WHILE C 22a. I certify that I taok charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted from: Natural causes Aceident Suicide Homicide retained CHIEF MEDICAL EXAMINER 22b. DATE SIGNED may be re FUNERAL I ASSISTANT MEDICAL EXAMINER funeral O DEPUT To Fully. for county) NAME (Type) the 23b DATE 230 BURIAL CREMATION 23d LOCATION (City or Town) 250 REC'D BY REGISTRAR FUNERAL DIRECTOR NION REGISTRAR S SIGNATURE



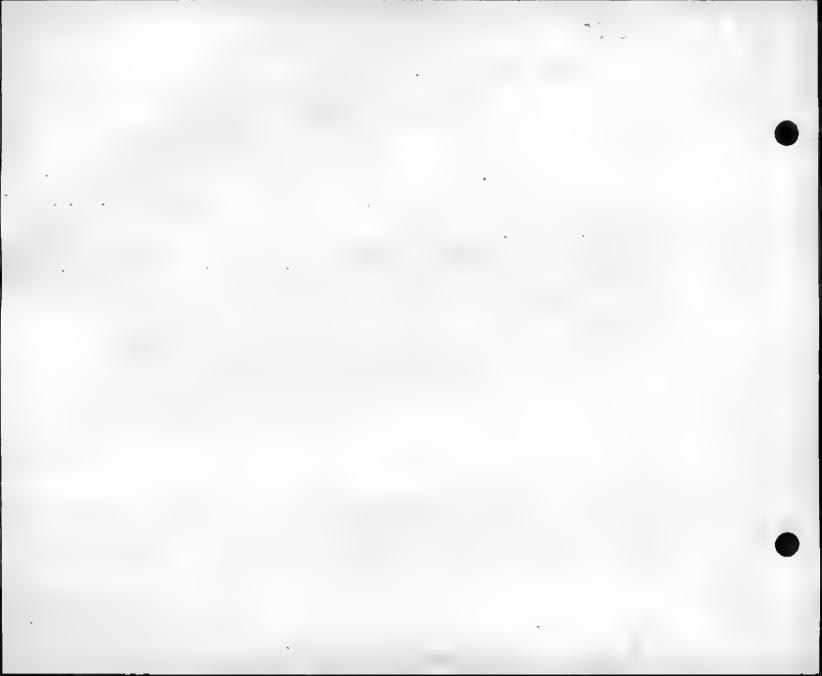
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02593 02588 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First 20. DATE OF DEATH 2b. HOUR be executed within 24 haurs after death (Type or print) NAYNE GRIMSL 2 Month 21 Doy 15 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years F JNDER 1 YEAR and completely filled in by the remave carban papers. Pages burial-transit permit. Then please remave carban papers. Pages burial, crematian, ar remaval, and in any event, within 72 hours aft last burthday) MALE 9-8-85 YRS 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH NEVER MARRIED country) WIDOWED MONTGOMER DIVORCED | 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. LSJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Work no life, even is et red) Retired Produce street address during most of 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS7 13e. STREET AND NUMBER admission) STATE COUNTY WASHING TON 14. FATHER'S NAME Mrddle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost physician, law requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, na, ar unknown) (1 yes give wor or dates of service) attending pays APPROXIMATE NTERVA 18. CAUSE OF DEATH (Enter only one cause per ine for (a), (b), and (c) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: signed by the attendii burial-transit permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) ase to immediate cause (o) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Page 4 may be retained by the hospital or attending has been d for use as the af Health priar ta 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔀 certificate 21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2 Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) be detached director, page 3 shauld be detache shauld be filed with the State Dept. 21d INLURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State TO FUNERAL DIRECTOR: After this While Not while at work 22a. I certify that (1) (this hospital) attended the deceased fram 2 4 , 1969, ta 2 - 21 , 1969, that (1) (we) last saw the deceased alive an 2 - 1 1967, and that in (my) (aur) opinion death occurred on the date and hour and from the 2 - 21 , 19 69 , that (1) (we) last causes stated above, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 230 BURIAL, CREMATION 23c NAME OF €EMETERY OR CREMATORY 23b. DATE LOCATION (City or Tawn) .(County) REMOVAL (Specify) Cemetery edar 24. FUNERAL DIRECTOR Md 250 RECD BY REGISTRAR Georgia Averuse



HEALTH DEPT. 1	FOR STATE		02594 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02589
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To Sith Plance (Storie or foreign 76 CHIZEN OF WIJAN COUNTRY? 8 MARRIED NOVECED 120 UNITY OF DEATH 120	ela 3			2d Hour
TO SIRTIPHAKE (Stoke or foreign 76 SIR	y d	11	lonale White 64x8 7 26. 4	3 1967 8A 1
10. CITY OR TOWN OF DEATH 11 MANE OF HOSPITA, OR INSTITUTION (IT not in bespect during most of working life, even if ret red) 120 USUAL ESCRETA BIO NUMBER 130 USUAL ESCRETA BIO HUMBER 130 USUAL ESCRETA BIO HUMBER			A STATE OF THE STA	
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220. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and in my death resulted from. Natural couses X, Accident \(\), Suicide \(\), Homicide \(\), Undetermined manner \(\) ACTUAL SIGNATURE \(\) ACSISTANT MEDICAL EXAMINER \(\) ASSISTANT MEDICAL EXAMINER \(\) DEPUTY MEDICAL EXAMINER \(\) ADDRESS(Street, city, town, or county) 220. BURIAL EXEMATION) 23b. DATE \(\) 23c. NAM OF CEMETERY OF CREMATORY \(\) 123d. LOCATION (City of Town) (County)	the the sem		WHILE CONDITION WHILE TO Factory, office building, etc.)	coomy 31016
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 9259002595 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH 26. HOUR be executed within 24 haurs after death (Type or print) Month 3. SEX 6 AGE (in years 1F LINDER 1 YEAR Aug. 23, 188 ast birthdoy) event, within 72 hou 70 BIRTHPLACE (State or fore an 76 CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH B. MARRIED NEVER MARRIED (ountry) WIDOWED DIVORCED 120. USUAL OCCUPAT ON Wind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 13a. USUAL REJIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN 13d NS DE C TY "IMITS? 13e. STREET AND NUMBER odmission) Country 1319 Kalmia Rd., N.W. YES Sil. Spring NO 🗌 burial, cremation, or remayal, and in any 14 FATHER'S NAME Lost IS MOTHER'S MAIDEN NAME First Middle Marsland Charles Hall Jane **Certificate** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT West Mountain Road 579-60-0679 TAlvin W. Hall attending property APPROXIMATE INTERVA. 1B. CAUSE OF DEATH (Enter only one cause per line for (o) +69, and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' signed by the burial-transit p Conditions, if any, which gave) rise to immediate cause (a), Page 4 may be retained by the haspital or attending physicion. DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to TO FUNERAL DIRECTOR: After this certificate has been use as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING **CAUSES OF DEATH?** NO [YES [be detached far use State Dept. of Health 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) Įū, OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from Illianth 1969, and that in (my) (our) opinion death accurred on the date and haur and from the saw the deceased alive on... director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED O HOSPITAL OR ATTENDING DEGREE PHYS. 22d. PHYSICIAN S -22e. ADDRESS 23c NAME OF CEMETERY OR CREMATORY Parklawn Cemetery 23d LOCATION (City or Town) Rockville, 23a BUR AL, CREMAT ON, 23b DATE Montgomery REC'D BY REGISTRAR



23c NAME OF CEMETERY OR CREMATORY

236 NAME OF CEMETERY OR CREMATORY 23d JOCATION (City or Town) ((County) (Stote) Arlington National Cemetery Arlington County, Virginia

25b REGISTRAR'S SIGNATURE

Williamslay Yeron

250. REC'D BY REGISTRAR

VR A15 (4) 45M 1/69 230 BUR AL, CREMAT ON,

REMOXAL (Specify)

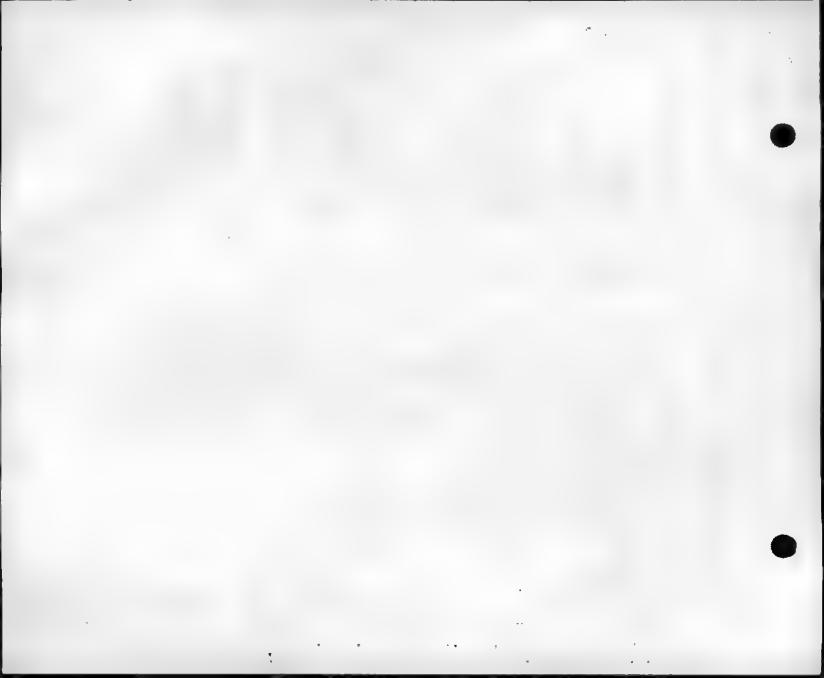
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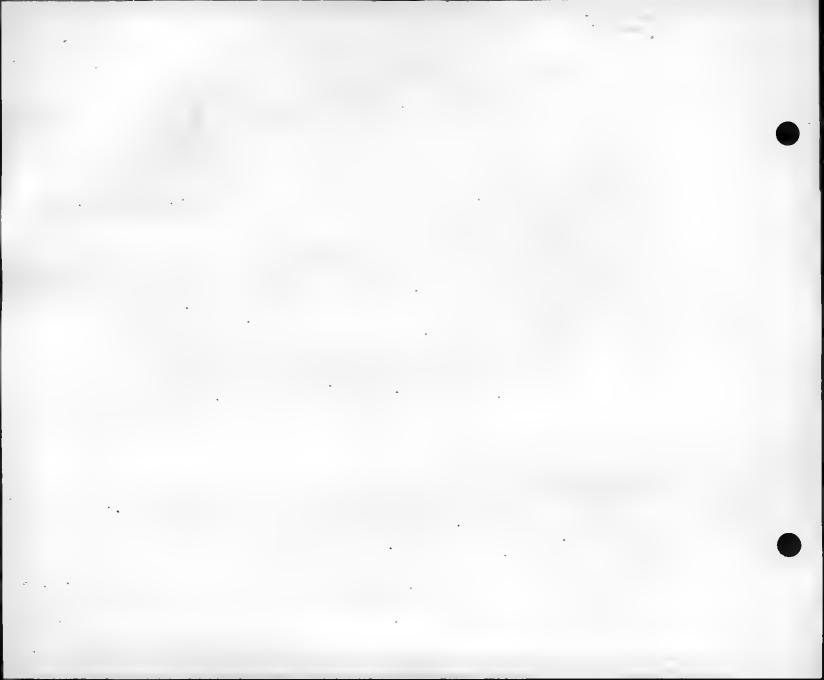
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02598 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02593 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED NAME First Middle Last 2a DATE KNOWN Manth Day Уеог (Type or Print) OF ESTI-Poge HARRIETTE ALEXANDER HARMON οĘ DEATH MATED ny delay 6 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4 RACE 2c. DATE PRONOUNCED DEAD 5. DATE OF BIRTH gud HOURS PM3. Year White June 19 Female 1899 YRS 70 BIRTHPLACE (State or foreign 7b. GT:ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH along with form (OUNTRY) WIDOWED T DIVORCED [Montgomerv Give Poges Va. USA 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitor 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR rees address)
Cleveland Avenue during most of working life, even if retired) INDUSTRY Takoma Park Homemaker At Home 13d. INSIDE CITY LIMITS? 130 USUAL RESIDENCE (Where deceased I ved. f institution. Residence before) 13c CITY OR TOWN 13e STREET AND NUMBER odmission) STATE 13b COUNTY Tak. Pk. YES NO 12 Cleveland Avenue l ond 14 FATHER S NAME First Middle IS MOTHER'S MAIDEN NAME Last Edgar Alexander Faris Dr. Gertrude hours bades 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS be executed within, (Yes, na, ar unknown) DR. Ernest E. Harmon, 9301 ColesvilleRd File no APPROXIMATE INTERVAL BETWEEN DISET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per Ine for (o), (b) and (c)) pmrmit. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if ony, which gove rise ta immediate cause (a) certificate should writing the mord AS A CONSEQUENCE OF stating the underlying cause ⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 nseq 19a DATE OF OPERATION COND I ON FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES [21a EXTERNA, CALSE WAS 21b TIME OF INJURY Month, Day, Year 3 should 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. **EXAMINER:** crematan, PM. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f .OCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK 22a | certify that I taak charge of the remains described above, held an Autopsy and in my apinian Inspection Accident / death resulted from Natural causes Suicide Hamicide Undétermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE .. O DEPUTY **EXAMINER'S**. 5 may O FUNE NAME (Type) 17 BUR AL CREMATION. 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Counté) (Stote) REMOVAL (Specify) 1cours 2 2. Zetu FUNERAL DIRECTOR 250 REC DABY REGISTRAR REGISTRAR S SIGNATURE VR A15ME [5] 10M REV 1/68



		MARYLAND STATE DEPARTMENT OF HEALTH
9	1	02599 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02594
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	=	male white 5-28-94 lost birthday) RRS. MONTHS DAYS HOURS MAN
be executed within 24 hours and completely filled in by the remove corbon popers. Pagin any event, within 72 hours	76	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8, MARRIED NEVER MARRIED 9 COUNTY OF DEATH
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plet cor	13a	USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN 13d MS.DE CTY LIMITS? 13e STREET AND NUMBER 13b COUNTY
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ond rem	14	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lager
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equires that the death ce physician. signed by the ottending i buriol-transit permit. The		18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: APPROX.MATE INTERVAL BETWEEN ONSE AND CRAIM
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e lo s b as b as b as b	3	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
上 点 点 8 年 文	CERTIFICATION	YES NO .
al o al conficat	18	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 Item 18) Concontributing Cause of Ceath HOUR A.M. Month Day Year
Spring sp	AFD ((If either, natify medical examiner) P.M. 19
G PHYSIC the hospi this certi detached		21d INJURY OCCURRED While Nat while at work 21s. PLACE OF INJURY (AT HOME, FARM STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Tawn County State
ING by till ter de d		22a. I certify that (1) (this hespital) attended the deceased from a 127 19 by to 1 Hb Fill of (1) (we) los
Ad be		sow the deceased olive on $\frac{1967}{2}$, and that in (my) (our) opinion death occurred on the date and hour and from the
ATTEND etained CTOR: A should vith the		causes stated above, (1) (we) (did) (did not) view the body after death
OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or ottending physician. JIRECTOR: After this certificate has been signed by the ottending physician e.3 should be detached for use as the buriol-transit permit. Then pleased with the State Dept. of Health prior to burial, cremation, or removal, and		226. SIGNATURE LEGUALE W. GREEN BORREY ATTENDING DIRECTOR DIRECTO
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed we Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event.		22d. PHYSICIANS 22e ADDRESS 2 - 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
NER Tor		1. CIVE TOCAL TOURNING COME CONTROL 1944 19
H Coge	23a	BUR AL CREMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State) REMOVAL (Specify) March 3. 1969 9t. Lincoln Bladensburg, Md
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VR A15 VA)	W	arner Pumphrey Mit 8434 Ga. Aves pringer Male 4 1969 Filantes Judge



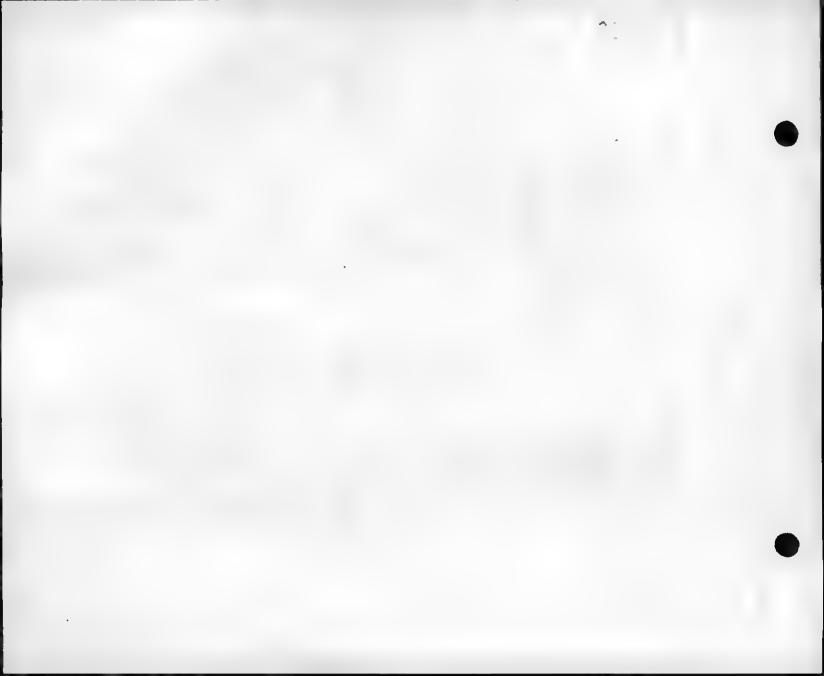
1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
FOR STATE		02600 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02595							
HEALTH DEPT.	1 0	ECEASED NAME First Middle Lost 20 DATE KNOWN	Month Doy Year 2b HOUR							
S to S to		William Francis Narper DEATH MATED	9eb 7 1969/0pm							
delay and 3 M3-7 or	3. S	Mala (111 + Sant 2 1017 let prindey) MONIHS DAYS HOURS MIN. Mooth D	DEAD Year 69 2d HOUR							
	7a	BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NAVER MARRIED 9 COUNTY OF DEATH	7 19 10 BM							
e De	COffi	Mash. DC USA WIDOWED DIVORCED Montgomery	Md							
death Pages 1, with farm		ilver Spring 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USJAL OCCUPAT ON (Kind of work give street address) 9316 Wire Ave group ast of work per 19								
The day		ilver Spring give street address) 9316 Wire Ave gutino Prost of world Property General Street And NUMBER STREET AND S								
is after d 18. Give e ofong 12 with the r deoth		dmiss on) STATE Md. 13b. COUNTMONTGOMERY Silver Spg. YES NO 1 9316 Wire	Avenue							
haurs after death any ltem 18. Give Pages 1, 2, Office afong with farm P. I and 2 with the State Departation after death	14. [ATHER S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Mollie	le Lost Harrison							
hin 24 ncil in niner's pages hours	lén.	WILLIAM J. Harper Jr. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 9316 WIRE AUC. ADDRESS								
INER: This certificate shauld be executed within 24 haurs after death e certificate, writing the ward "pending" in pencil in Item, 18. Give Pag should be forwarded to the Chief Medical Examiner's Office atomy with files. 3 should be used as a burial-transit permit. File pages I and 2 with the Station, or removal, and in any event within 72 hours after death	()	yes (85, no, ar unknown) William give wor ar dolos of service) ************************************	e Spring, Md.							
ficate shauld be executed wit ing the ward "pending" in pe ided ta the Chief Medical Exan as a burial-transit permit. File I. and in any event within 72		IB. CAUSE OF DEATH (Enter only one couse per line for (6), (6) and (c) PART I. DEATH WAS CAUSED BY.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
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certii writh with with with with with with with w	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?							
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	MED	21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 211 LOCATION Street or R F D No City or Town	County State							
EXAL ute tute tute tyon you Page		AT WORK I AT WORK I AT WORK I A FOR	ioneg. Mx.							
TY DICAL EXAMINER: y, please execute the certificated director. Page 4 should be retained for your files. AL DIRECTOR: Page 3 should prior to burial, cremation,		220. I certify that I took charge of the remains described above, held on Autopsy , Inspection Inquident of the remains described above, held on Autopsy , Inspection Inquident of the Inquident	eiry Ond in my opinion							
please el plicatar retained DIRECTO		CHIEF MEDICAL EXAMINER	IOMITE:							
y, pluy, plu		SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER 22	2b. DATE SIGNED							
necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S RELIGIOUS AND RESISTANT OF THE ADM, D. ADDRESS FROM CLY, Byrngy county)	26, 8, 1969							
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	34	FUNDAMINECTOR COLLEGE 11, 1969. Cedar Nill Cenetery Suitland, FUNDAMINECTOR COLLEGE 134 ADDRESS Gam, Avenue 250 RECD BY REGISTRAR 256 REGI	Maryland ISTRAR S SIGNATURE							
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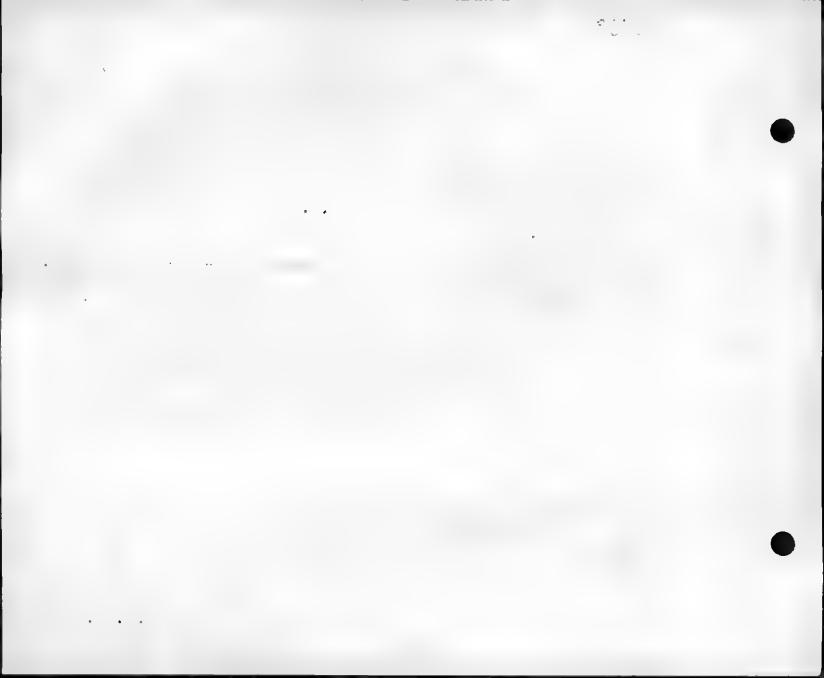
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02596 Items 5&13 Film G/10 3/10/69 kk CERTIFICATE OF DEATH 1. DECEASED-NAME First Last 2n. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death and (Type or print) completely filled in by the funeral Month OTINES 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthdoy) MONTHS DAYS HOURS 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED D DIVORCED [within 12a USUAL OCCUPATION (Kind of work done ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (of not in hospital 128, KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER adm ssien) STATE Kensington YEST 10721 Shaftsbury St. and a 14. FATHER S NAME IS MOTHER'S MAIDEN NAME First Lost Crockett Alice Unknown and in a 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Jackson: 10721 Shaftsbury Kensington, Md Yes, no. of unknown) (If yes give war or dates of service) 1B. CAUSE OF DEATH (Enter only one couse per line for of (b), ond (t)
PART 1 DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) crematian, Conditions, if any, which gove) rise to immediate couse (a) signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL BY prior to l the haspital ar attending as the has been 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 2Db. IF YES, WERE CAUSES OF DEATH? NO [YES -O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) þ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) P.M. detached (AT HOME, FARM STREET, FACTORY) 21f LOCATION Street or R.F.D No 21d. INJURY OCCURRED 21s. PLACE OF INJURY City or Town (ounty State While Not while of work 220. I certify that (I) (this hospital) attended the deceased from Page 4 may be retained 22b. SIGNATURE 22c DATE SIGNED director, page shauld be filed 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) ILVER 30KING 23d LOCATION (City or Town)
Arlington, 25c. NAME OF CEMETERY OR CREMATORY 23o. BUR AL, CREMATION 23b. DATE (Caunty) (State) REMBUSIE Arlington National. 2-24-69 Va. REC'D BY REGISTRAR VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02597 02602 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR ered within 24 haurs after death (Type or print) empletely filled in by the funeral 3 SEX 6 AGE (In years IF UNDER LAFAR last birthday) MONTHS HOURS -110-95 7o. 8IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED MEVER MARRIED 9. COUNTY OF DEATH DIVORCED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work dane e street, address) dy no most of working I far even fretired) remaye carbon VIEWAL 13a, USUAL RESIDENCE (Where deceased fived, if institution: Residence before 13c CITY OR TOWN 3d INSIDE CITY J.M.TS? admission) STATE requires that the death certificate be exec and in any physician and hen please remo 14. FATHER'S NAME IS MOTHER'S MA DEN NAME First Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes (a, ar unknown) crematian, or remaval, signed by the attending phy 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BYn mon. IMMEDIATE CAUSE (a) 2 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to "mmediate cause (a), stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been Carcinonice 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use Health p YES IT 21g ACCIDENT WAS UNDERLYING 21b T ME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Mat while at wark 22a I certify that [] (this hospital) attended the deceased from Feb 27 Tela 18 1969, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on.... phould couses stated above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING director, page 3 shauld be filed DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S Page 4 may 22e. ADDRESS NAME (Type) 23b DATE 23a BUR AL CREMATION NAME OF CEMETERY OR CREMATOR (County)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02603 02598 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First 2g. DATE OF DEATH 2b. HOUR deoth. ond (Type or print) HAINES HEALD 1350 3. SEX 4. RACE 6. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Pages CAUC. 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [NEVER MARRIED] completely filled in by country) NEBRASKA please remove carbon popers. U.S.A. MONTGOMERY requires that the death certificate, be executed within 24 h WIDOWED 54 DIVORCED | within / 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) CARCIAGE HILL E.C.F. during most of working life, even if retired.) event, 13a. USUAL RESIDENCE (Where deceased I ved, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER any 14 FATHER S NAME Last Elza W. Heald Lenna Haines 16b. SOCIAL SECURITY NO. 17 INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) Heston Heald-7033 Benjamin St. the attending physical or removal. none McLean. Va 22101 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (g) PNEUMONIA DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) signed by the buriol-transit p nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to l O FUNERAL DIRECTOR: After this certificate hos been as the 190 DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NONE YES [NO 🔀 for use Heolth 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18,) OR CONTRIBUT NOT TO CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While While at work 22a 1 certify that (1) (this hospital) attended the deceased from FEB 14, 1964, to FEB 11, 1964, that (1) (we) last saw the deceased alive on FB 1969, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above (1) (we) (alid) (did not) view the bady after death. should director, page 3 sho should be filed with 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS 22e. ADDRESS NAME (Type) 1909 HANOVER ST. SILVERSPRIN 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURHAL CREMATION, (County) (State) Washington, D. 2/19/69 Rock Creek Cemetery 250 PICB BY REGISTRAN 1969 256 REGISTRAR'S SIGNATURE RAUI- 14TH ST. N. W. VR A15 (4) 30M REV, 1/68





TO FUNERAL DIFFICTOR: After this certificate has Imm signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers, Poges 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hayrs after death.

within 24 haurs after death.

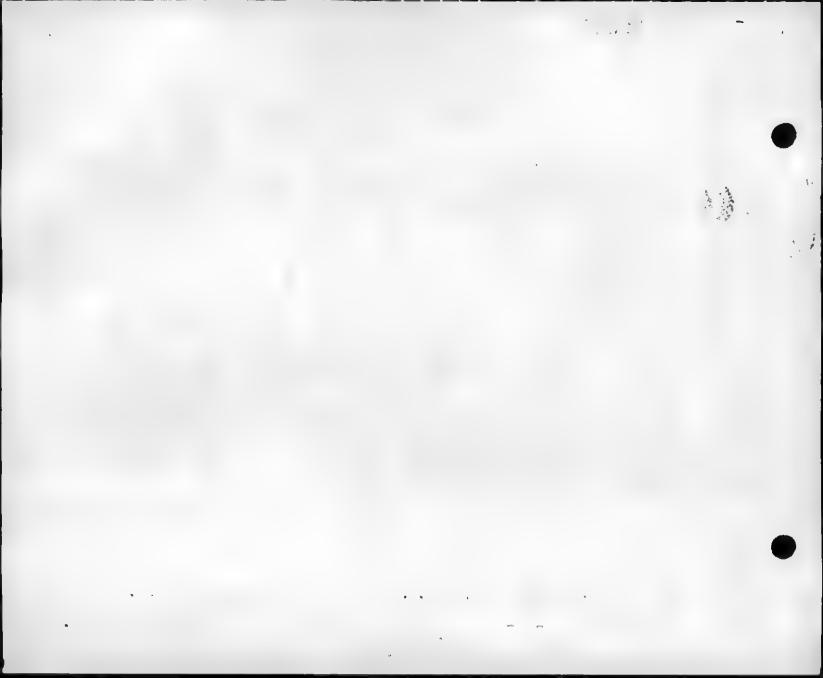
executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Mage 4 may be retained by the haspital or attending physician.

02100

			· ·	EKIIF	ICATE UN	DEATH				
	DECEASED NAME	First	Middle		Lost		2a. DATE OF DE	ATH		26 HOUR
	(Type ar print)	-612	. 7	1	161571	- 1	-		Day Year	150 M
3. 9		4. RACE			S. DATE OF		1 /	AGE (In years	15 1469	IE UNDER 24 HRS
	MALE		HITE.			125 /0		lost birthday)	MONTHS DAYS	HOURS MIN
70	RIPTHPLACE (State or foreign	n 76 CATAZEN OF	WHAT COUNTRY?	8 MADDE	D NEVER MA		COUNTY OF DE		3.	<u> </u>
cau	intry)		SA	WIDOWE		ORCED				
10	CITY OR TOWN OF DEATH		NAME OF HOSPITAL OR INST		1539	Property.	OCCUPATION (KI	T Gom		Md. BUSINESS OR
*3	BETHESI) A gr	ve street address)	54.15	10 R 13 B		st of working life			BU21ME22 OK
ì3a	USUAL RESIDENCE (Where of	deceased lived if insti	itution: Residence before	13c, CITY	OR TOWN	13d INSIDE CITY LIM	TS? 13e. STREE	T AND NUMBER		
aan	nission) STATE	13b. COUNTY	VTGOMERY	ROK	ville	YES NO	1 Herry	157	CTRIL	
14.	FATHER'S NAME First	Middle			IS MOTHERS	AA DEN NAME FIR		Middle		Lost
	JAIN	.101	Hirsten	:2	Les	12			·	Shas
	WAS DECEASED EVER IN U	S ARMED FORCES?	16h SOCIAL SECURITY N		, INFORMANT			Address		****3
L	Yes na arunknawn) (fy	is give wor or dotes of service)	176-09-8	115	KUBER	- R H.	1/37 FR	-SON.		
	18 CAUSE OF DEATH (En	ter only one cause per	me for (a), (b), and (c))		r					MUATE INTERVAL DINSET AND DEATH
	PART I. DEATH WAS (CAUSED BY: IMEDIATE CAUSE (0)	Carcino	-6-	Live	_				
	171/x 1									
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove]									
1	rise to immediate cause (a). (10)									
	and ing the bited ring cube									
		y (c)_	IDUTING TO DEATH BUT NO	T DELATED	TO THE TERMS	AL DISSUE ORGO	NO.7 CH. CONT. 11	. 0.100 . / .		
П		II CONDITIONS CONTRI	IBUTING TO DEATH BUT NO	I KELAIED	TO THE TERMIN	AL D SEASE ORCO	INDITION GIVEN IN	YAKI !(Q)		
CERTIFICATION	190 DATE OF OPERATION	195 CONDITION FOR I	WHICH OPERATION WAS PER	EORMED	20a AU1	UDCAS	Table 15 VE	C WEDE CIMOING	S CONSIDERED IN C	EDTIEVING
3	THE DRIE OF DECEMBER	TOD. CONDITION TOX	HINGT OF EXAMON MAD FEN	ONHED)		CAUSES OF		2 CONTIDENCED IN C	TKIILLIMA
E	21a. ACCIDENT WAS UNDE	PLYING (DIE TUEL	OF INJIRY	101	YES [
	OR CONTRIBUTING CAUSE			210	HOW INJURY O	.CUKKED (Enter)	nature of injuty is	n Port I or Port	2 Item (8.)	
MEDICAL	(If either, natify medical e	examiner) P.A	M. 19							
2	21d INJURY OCCURRED	21e. PLACE OF INJUR	Y (AT HOME FARM, STREET, FACT OFFICE BUILDING, ETC	ORY.) 21f.	LOCATION Str	et or R.F.D. No	City or	Tawn	County	Stote
	While Not white at work				,			_		
1	220. I certify that A	T(this hospital) o	ttended the decease	d_from_	1-1	-1, 19 <u>6</u>	7.102-	/5	19 <u>69</u> , that	(t) (we) last
1	saw the deceas	ed alive an 2	-/5	04,0	nd thát in (1	ny) (சு ர) opi n	ion death acc	urred on the	dote and hour	and from the
	220. I certify that (f) (this hospital) attended the deceased from									
	22b SIGNATURE		RIDA		ATTÉNO	ING ME	D S	TAFF 22	C DATE S GNED	
		hornton	Dombell	M. DE	GREE PHYS		D. SECTOR P	HYS 💆	2-15-6	9
	NAME (Nypre)				22e. AD		0 1	79.9		,
	J	hornton Bo	oswell M.D.				Georget			
23a	BURIA., CREMATION	23b. DATE	23c NAME OF C				23d. LOCATION ((ty ar Tawn)	(Caunty)	(State)
	REMBYA (SPICE)	2-18-69	Darne	esto	wn Cen	etery	Dar	nestow	n Mont.	Md
24	SEMAN PROFICION BS	mphrey	7557 ADMISS	cons	in Av	2So REC'D BY	REGISTRAR	25b. REGISTRA	R S SIGNATURE	



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending paysician and completely filled in by the funeral director, page 3 should be Letached for use at the buriol-terms to be seen to be seen to be some payors. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removol, and in any event, within 72 hours after death.

VR A15 NA 3

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. CERTIF

PRESTON STREET, BALTIN	IORE, MARYLAND 21201	0260) -
ICATE OF DEATH		0 ~ 0 0	-

	DECEASED-NAME	First		Middle		Last		2a. DATE OF DEATH			2b. HOUR p
	(Type or pont)	Vanes	sa	Kay	Helu	n.		Feb. Manth	4 Day	1969	10:4CM
3 5	EX		4. RACE			S. DATE OF BI	RTH	6. AGE (In)	ears	IF UNDER I YEAR	IF UNDER 24 HRS.
	Female		Whi	te		Feb,	4, 196	9 lost birthd	ay) - YRS.	MONTHS DAYS	HOURS 15
	BIRTHPLACE (State a	r fareign 7	7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIED	NEVER MAR	RIED X 9	COUNTY OF DEATH			
COL	intry) Mary	land	U.S.A.		WIDOWED		CED 🔲	Montgo	nery		Md.
10.	CITY OR TOWN OF D	EATH		NE OF HOSPITAL OR INS RELOCKED TY G				OCCUPATION (Kind of wo it of working life, even if i ONE		12b KIND OF INDUSTRY	BUSINESS OR
	USUAL RESIDENCE (nissian) STATE	Where deceased aryland	lived, if institution	n: Residence before	13c CITY OR Gaith	own ersbur	SLEZ WO			ck Aven	ue
14.	FATHER'S NAME	First	. Middle	Last		MOTHER'S MA	AIDEN NAME Fire	st	Aiddle		Lost
	Will	iam	Α.	Helm			Bett	φ.	1	Riffle	
	o. WAS DECEASED EVE Yes, no, or unknown)		D FORCES? or dates of service)	16b. SOCIAL SECURITY I			Records	**	ddress		
				none		ntgome:	ry Gene	ral Hospital	., 011		
	18. CAUSE OF DE	ATH (Enter only	ane cause per line	-lor (o), (b), and (c)	Un.	O. A.				BETWEEN	MATE INTERVAL INSET AND DEATH
	PART I. DEATI	WAS CAUSED IMMEDIAT	E CAUSE (o)	TONAN	horn	Were the	sters.	h 1		111	M
	11/6	1	DUE TO, OR AS	A CONSEQUENCE OF	, 0.	-	14	N anl		111.	4
Н	Canditions, if any, rise to immediate		(b)	7 4	mar	my		m (03)		c/ w	^
Ш	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF										
1	lost.	,	(c)			-					
1	PART 2 OTHER SIG	SNIFICANT COND	ITIONS CONTRIBUTI	NG TO DEATH BUT NO	OT RELATED TO	THE TERMINA	L DISEASE ORCO	ND-TION GIVEN IN PART 1(d)		
No	19a, DATE OF OPERA	TION 110h C	ANDITION COR WAIG	H OPERATION WAS PE	DEODMED	20o. AUTO	nevo	20b. IF YES, WERE F	NDINGS CO	MCIDEDED IN C	EBYIEVING
CERTIFICAT	170. DATE OF OPERA	1110N 170, CC	JADIRUN FUK WITK	IT OPERATION WAS PE	Krykmed	YES X		CAUSES OF DEATH?	WDINGS CO		EKTIFTING
CERTI	210 ACCIDENT WA	S UNDERLYING	21b TIME OF	IN SPY	214 HO			nature of injury in Part 1 a			
		CAUSE OF DEATH	HOUR A.M.	Month Doy Year		IT HOOKE OCC	OKKED (EINEL I	nations as imports in rain + a	1 FUIN 2, 11	en ro.j	
MEDICAL	(If either, natify at 21d. INJURY OCCU	pedical examine	er) P.M.	19 AT HOME, FARM, STREET, FAC		ATION Street	at ar R.F.D. No.	City ar Tawn		County	Stote
П	While Not wh	114	DICE OF HEART	at home, farm, street, fac office building, etc.	211. 201	A A		City to 10WII		County	21010
	OLMOK GLACK	K	haspital) atter	nded the decease	ad from	2/2	199	1 to	, 19	. that	(I) (we) last
Н	saw the o	deceased ali	ve an	1	9, ond	thot in (m	y) (our) opin	ion death occurred or	the dot	e and hour	and from the
П		oted obove,	(I) (we) (d d) (e	did not) view the	body after d	eath.					
	22b. SIGNATURE	C	JA7	~	TWO	E PHYS.	MEI DIR	D. STAFF C	224.0	ATE SIGNED	}
	22d. PHYSICIAN'S NAME (Type)	Clia	rles H.	Ligon, M.		22e. ADD		Spring, Mar	ylan	d	
230	BURIAL, CREMATION REMOVAL (Specify)		ATE 15 196	23c NAME OF	CEMETERY OR C			23d LOCAT ON (City or To	wn) Yaddi	(County)	(Stote)
24.	FUNERAL DIRECTOR Francis	Н. В	erber	Layte Ray	ille	Md.	2Sa. REED BY	REGISTRAR 1963Sb. RE	GISTRAR'S	HEMATURE	dge

k 46

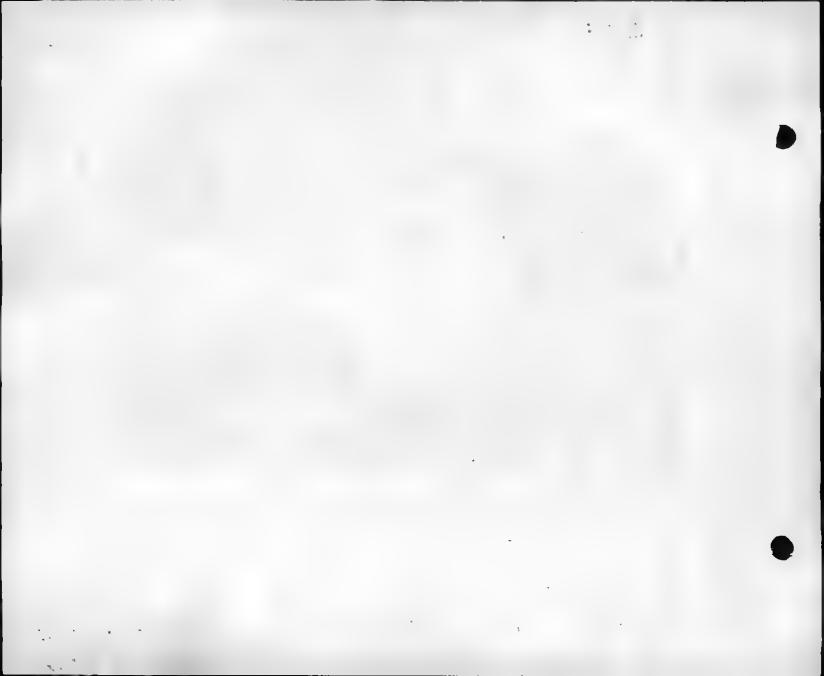
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02602 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle Lost 20 DATE KNOWNEZ Month Dov (Type or Print) KENNETH HENDERSON OF 19 69 80 W. DEATH MATED IE JINDER 1 YEAR 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IS LINDER 24 HRS DATE PRONOLINCED DEAD ^{2d} ноцк₅ 8: руп (Application) FEB Doy 25 8/3/19 MALE WHITE 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED | 9 COUNTY OF DEATH Washington, D.C. MONTGOMERY DIVORCED F WIDOWED [U. S. A. IC. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR HOSPiring most of working ife, even f retired INDUSTRY CROSS SILVER SPRING excavating Stokes 13e STREET AND NUMBER 130 LSUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c 13b. COUNTY MONTGOMERY odmission) STATE SIL/SPR. YES X 13312 OKINAWA AVE. NO 🗆 ond after 14. FATHER S NAME Middle 5. MOTHER S MAIDEN NAME Middle Lost CASSIUS HENDERSON EDN A PEARL WILEY hours ADDRESS 1034 Towlston Rd. 160 WAS DECEASED EVER IN ITS. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT in pencil (Yes, no, or unknown) YES 577-16-6446 McLean, Va. James R. Henderson File within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) permit BETWEEN ONSET AND DEATH pending PART I, DEATH WAS CAUSED BY: 3 days Liver failure IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF Acute hepatic necrosis(steatonecrosis) Conditions, if any, which gove rise to immediate couse (a). certificate should writing the word duy deal varices. DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 4 days "Gastrointestinal bleeding from esopha-.5 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) o pulmonary edema and aspiration pneumonia. Terminal 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? 3 WAS PERFORMED? NO TX YES -210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) should HOUR A.M. PRIMARY TO OR CONTRIBUTING cremation, CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R F D No. City or Town County Stote factory, office building, etc.) WHILE NOT WHILE 22a. I certify that Haak charge of the remains described above, held an Autopsy ... Inquiry. and in my apinian Inspection death resulted frame Natural couses Suicide | Homicide Undeternimed manner FUNERAL ASS STANT MEDICAL EXAMINER SIGNATURE O DEPUT Health Belden Reap, M.D. Grandy 50 BUR AL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Andrew Chapel 1, 1969 Fairfax Co... Virginia 24. FUNERAL DIRECTOR Money & King, RECD BY REGISTRAR 171 W. ADMENDLe Ave. 2Sb. REGISTRAR'S SIGNATURE DATEMAN VR A15ME (5) Vienna, Va. 22180



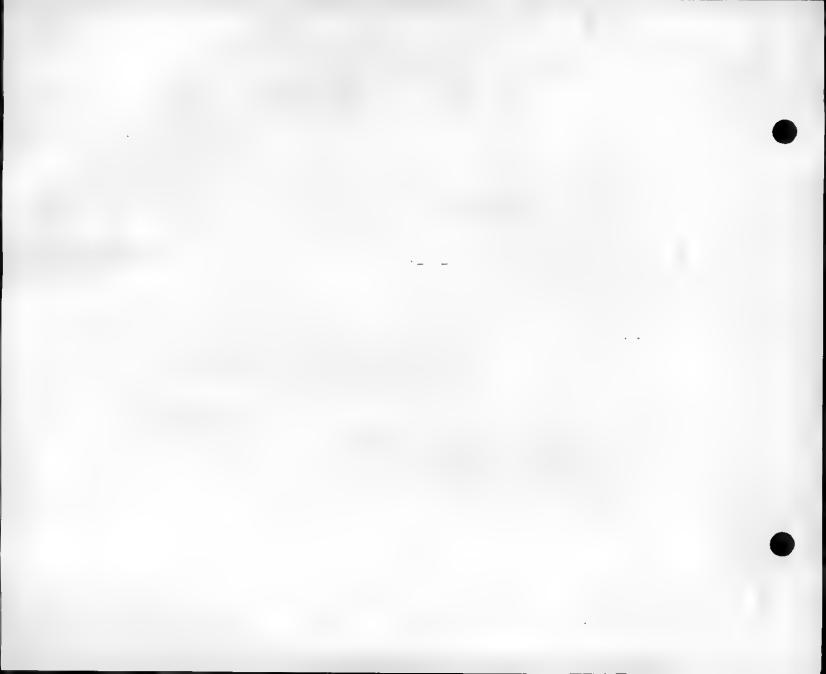
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02603 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First . 2o. DATE KNOWN Month Day Yeor (Type or Print) ESTI OF. 196 DEATH MATED ō partment c IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOUR 6. AGE in years 3 SEX 4. RACE 5 DATE OF BIRTH 12.15 -43 YRS 2 9. COUNTY, OF DEATH MARRIED NEVER MARRIED 7p. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? De Item 18. Give Pages 1, WIDOWED State 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 2a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR IC CITY OR TOWN OF DEATH hours after death during most of working life, eyen if set red.) give street address) with the Wattery 13e. STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY, OR TOWN .3d. INSIDE CITY LIMITS? death. 13b COUNTY Mesty orner admission) STATE and 2 ofter IS. MOTHER S MAIDEN NAME 14. FATHER S NAME pages hours SOCIAL SECURITY NO 17 INFORMANT in pencil 160, WAS DECEASED EVER IN U.S. ARMED FORCES? This certificate shauld be executed within Examine 578-22-2101 (Yes, no, or unknown) (If Les give wat at dates of service) File within 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH permit. forwarded to the Chief Medical CAUSEU BY: AMEURYSM, congenital, ruptured right mid-cerebral PART I DEATH WAS CAUSED BY: pending Sudden artery DUE TO, OR AS A CONSEQUENCE OF **burial-transit** Canditians, if any," which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF the word stating the underlying cause .= PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 nsed CERTIFICATION 20. AUTOPSY? 19b CONDITION FOR WHICH OPERATION 190 DATE OF OPERATION WAS PERFORMED? YES A NO [21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 50 210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 3 should shauld HOUR A.M. PRIMARY OR CONTRIBUTING cremation, DICAL EXAMINER: P.M. CAUSE OF DEATH City or Town 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. County State 21d INJURY OCCURRED factory, office building, etc.) WHILE AT WORK AT WORK please execute Inquiry [X]. 220. I certify that I took charge of the remains described obave, held on Autopsy K. Inspection [7] burial, and in my opin on funeral director. Natural causes Accident . Suicide . Hamicide Undetermined monner death resulted from: CHIFF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 5 m TO FUN. Health **EXAMINER'S** John G. Ball ADDRESS(Street, city, tawn, or county) NAME (Type) the 23d LOCATION (City or Town)
Arlington 23c. NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION 23b DATE (County) Va. (State) Arlington National Bur MOYAh (Specify) 2/25/1969 Rockville Pike 25a. REC D BY REG STRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Ochemilas Tyson Wheeler Funeral Home. VR A15ME (5)

10M REV. 1/68

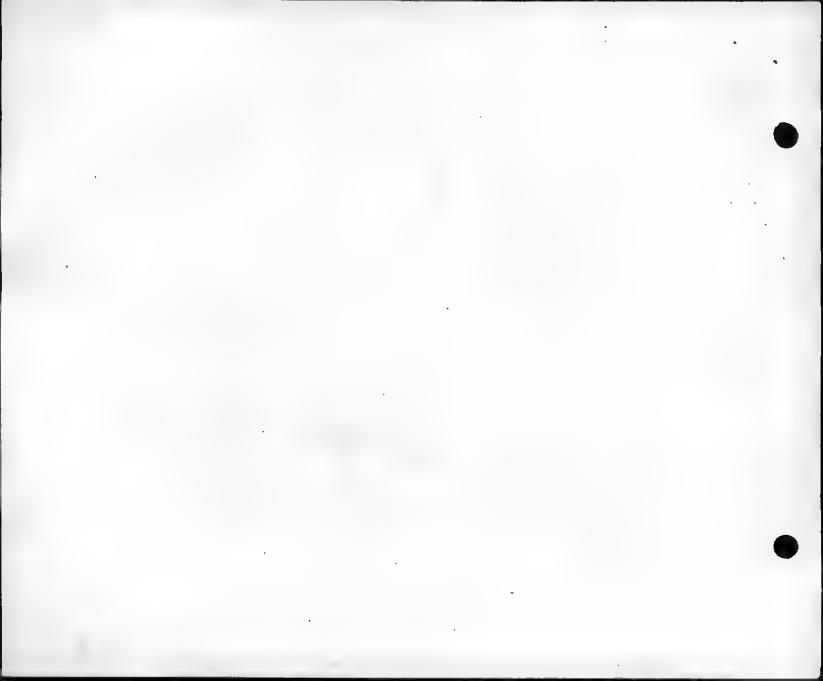




DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02610 02605 CERTIFICATE OF DEATH 2g DATE OF DEATH 2b HOUR 1. DECEASED-NAME and completely filled in by the funeral remark carban papers. Pages 1 and 2 m any event, within 72 haurs after death. executed within 24 haurs after death. (Type or print) 3, SEX 4. RACE IF UNDER 1 YEAR IF UNDER 24 HRS S. DATE OF BIRTH 6. AGE (In years last_birthday) HOURS 7a. BIRTHPLACE (State or fareign 9. COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? country) DIVORCED 12a. USUAL OCCUPATION (Kind of work done JOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY 13a, USUAL RESIDENCE (Where deceased hyed. if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY E MITS? 13e. STREET AND NUMBER Montgomer STATE YES X NO and in any 14. FATHERY'S NAME 1S. MOTHER'S MAIDEN NAME First First Last requires that the death certificate be nomas the attending phymician sit permit. Then please 17. INFORMANT 16b. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) crematian, or remaval, 235-50-4121 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) roncho pheu signed by the burial-transit popural, cremating Canditions, if any, which gave: rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF by the haspital ar attending physician. stating the underlying cause RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNDINAL DIMICTOR: After this certificate has bean be detached far use as the State Dept. af Health priar to ero 515 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES X NO [21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PHYSICIAN: 215 TIME OF INJURY TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Manth Day Year P.M (If either, natify medical examiner) AT HOME, FARM, STREET FACTORY, \ 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e, PLACE OF INJURY State City or Town County DEFICE BUILDING ETC While Not while at work TENDING 22a I certify that (1) (this hospital) attended the deceased fram 2-13 25 . 19 & 7, and that in (my) (our) opinion death accurred on the date and hour and from the saw the deceased plive anbe retained director, page 3 should shauld be filed with the causes stated abave, (1) (we) (did) (dia not) view the bady after death. 22c DATE SIGNED 22b SIGNATURE ATTENDING O HOSPITAL OR . DEGREE DIRECTOR 800 22e ADDRESS Page 4 may 22d, PHYSICIAN'S ASON 74 23d LOCATION (City or Town) 236 DATE BUR AL, CREMATION 23c NAME OF CEMETERY OR CREMATORY (County) (State) FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02606 CERTIFICATE OF DEATH I. DECEASED-NAME Middle Lost 20 DATE OF DEATH deoth. 2b. HOUR be executed within 24 hou<u>rs af</u>ter death (Type ar print) Manth 3 SEX 4. RACE 6 AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS last_birthday) 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH NEVER MARRIED DIVORCED | ID CITY OR TOWN OF DEATH 11, NAME OF HOSPITALOR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done during most of working to even if retired) 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 36 COUNTY 14. FATHER'S NAME Last please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, na or unknown) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)).
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if ony which gave) buriol-transit ase to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse BUT NOT RELATED TO THE TERMINAL D. SEASE OR CONDITION GIVEN IN PART 1(0) for use as the b Health prior to b this certificate has been lerio xlerosis 20a AUTOPSY? 206. F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH'S bloration YES 🗔 21c HOW INJURY OCCURRED (Enter nature of injury in Parl 1 or Parl 2, Item 18.) 21b FIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) P.M (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark TO FUNERAL DIRECTOR: After 22a. I certify that. (1) (this hospital) attended the deceased from and that in (my) (our) apinion death accurred on the date and have and from the causes stated abave, (IV (we) (did nat) view the bady after death. 226 SIGNATURE 22c. DATE SIGNED director, page 3 should be filed v DIRECTOR 22d PHYSICIAN S 22e ADDRESS NAME (Type) JEORGE 10620 GEOR 23b DATE (State) Swift 24 FUNERAL DIRECTOR VR A15 (4) 45M 1/69



MARYLAND STATE DEPARTMENT OF HEALTH

	02612		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH													
		ECEASED-NAME	First		Middle		Lost			20 DATE OF DEATH			2b. i	HOUR		
	- (1	ype or print)	John		Arthur		Hinzman		F€	ebruary	J. Tay	1959	7:	10 %		
	3. SE	X		4. RACE			S. DATE OF B			6. AGE (In year	rs	IF UNIOER 1 YEAR	HOURS	24 HRS.		
		Male		Whi	te		7 Oct	ober l	961.	Ham birthday)	YRS.	MONTHS QAYS	HOURS	MIN.		
	70 E	BIRTHPLACE (State o	foreign .	75 CITIZEN OF WHAT COUNTRY?		8. MARRIEO NEVER MARRIED 9		9. COUNTY O	COUNTY OF DEATH							
	cont	est Virgi	inia	USA		WIDOWED DIVORCED		Mont	Montgomery			Mo				
5		ity or town of di Bethesda	ATH	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street affice) Clinical Center during most of working life, even if retires												
مسم	130.			. /	tion: Residence before	13c CITY		13d INSIDE CITY	LIMITS? 13e. S	TREET AND NUMB	ER	132 B				
		ATHER'S NAME	First	Middle	Lost	1 0				Mid			Lost			
2	, ,		arl	Middle Lost IS. MOTHER'S MAIDEN NAME First H. Hinzman Minerva						Adkins						
	16n.	WAS DECEASED EVE	R IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURITY I	NO 11	T. INFORMANT (T)			acord s Add	220		FOREITS			
	Ý	60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, negotunknown) (1 yes give wer or dolles of service) None (17) INFORMANT The Medical Records Address The Clinical Center, NIH, Bethes								sda. Md	. 20	014				
		18 CAUSE OF DEA	ATH (Enter onl	v one couse ner li	ne for (ο), (b), and (ε).							APPROXU	MATE INTERV	VAL.		
				Dist	odgkin's D		e with	Heneti	c Reili	ire		9 Mo	nths			
		201	IMMEDIA		AS A CONSEQUENCE OF	C-	10 112 022	IIC PC OL	0 1 (41.11)	AL 0						
		Conditions, if ony,	which gove		AS A CONSEQUENCE OF											
		rise to immediate	couse (o),	(b) DUE TO, OR	AS A CONSEQUENCE OF											
		stoting the underlying couse														
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(0)														
	-	Hemolytic Anemia														
	CERTIFICATION	190. DATE OF OPERA	TION 19b.	ONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20o. AUTO	PSY?		IF YES, WERE FIND	INGS CO	INSIDERED IN C	RTIFYING	3		
2	ΉË						YES] NO [<u>3</u>	CAUSI	es of death?						
		210. ACCIDENT WA				21c	HOW INJURY OC	CURRED (Enti	er noture of in	ury in Port 1 or P	ort 2, lt	rem 18.)				
	MEDICAL	OR CONTRIBUTING [CAUSE OF CEATS edicol exomin	HOUR A.M. er) P.M.	Manth Doy Year											
	ME	21d. INJURY OCCU	RRED 21e.	PLACE OF INJURY	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC		LOCATION Stre	et or R.F.D. No	o. Cit	y or Town		County	SI	tote		
		While Not while of work of work														
		220. I certify that (A) (this hospital) attended the deceased from 13 Feb., 19 69, ta 1 Feb., 19 69, that (1) (we) last saw the deceased alive an 1 February 19 9, and that in (164) (our) opinion death occurred on the date and hour and from the														
		saw the deceased alive an 17 February 1909, and that in (164) (our) opinion death occurred on the date and hour and from the causes stated above, (2) (we) (did) (120/168) view the bady ofter death.														
		22c. DATE SIGNED														
		1/1/200	x0/18	Trost	mo mo	DI	GREE PHYS	NG 🗆	MED. DIRECTOR	STAFF D		Februar	y 19	69		
		22d. PHYSICIAN'S 22e. ADDRESS The Clinical Center, National														
		NAME (Type) Michael B. Mosher, M. D. Institutes of Health, Bethesda, Md. 2001														
	230. BURIA. CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)									(County)	(Stote))				
		THE WAY WASHING	2	20-69 - CHARLESTON WEST							TV	14-				
		FUNERAL DIRECTOR	. 0	p	1400 CADORESS	o w	SEDC.		BY REGISTRAR	2Sb. REGIS	-4	400				
	de la	V.W. Ch.	en-til	' صا ہ	To com	سر لا	thu	DATE	26 19	969 /	Clery	elas Jus	yr.			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers: Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the siled with the State Dept. of Health prior to burial, cremation, or removal, and the siled with the State Dept. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH

	02613	02613 CERTIFICATE OF DEATH									
Ī	DECEASED-NAME First (Type or print) ROS	Middle	lost Hopak	20. DATE C	F DEATH Month 26 Doy	69 Yeor	25 HOUR 12:35				
3	. SEX Female	4. RACE	5. DATE OF BIR 4/12/		6. AGE (In years lost birthday) 78 YRS.		F UNDER 24 HRS. HOURS MIN				
C	o BIRTHPLACE (State or foreign ountry) Hungary	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARR WIDOWED DIVOR	CED [Montgomer		Md				
^,,	O CITY OR TOWN OF DEATH Wheaton	give street oddress) University	Nursing Home	12a USUAL OCCUPATIO during most of workin CODK	g life, even if retired.)	125 KIND OF BL INDUSTRY	JSINESS OR				
- a	dmission) STATE Marylan	ied lived, f institution. Residence beford 13b COUNTY Middle Los	Rockville	YES NO 114	11417 Schuylkill Road						
	4 FATHER'S NAME First Michae		Last								
<u></u>	60 WAS DECEASED EVER IN U.S. ARA Yes, no, or unknown) (15 yes give w	MED FORCES? vor ar dates of service} 16b. SOCIAL SECUR		Mooney-dau	Address ghter same						
	18. CAUSE OF DEATH (Enter on PART 1 DEATH WAS CAUSED IMMEDIA		APPROXIMATE INTERVAL BETWEEN DISET AND DEATH 3 DAYS								
	Canditians, if any, which gove a rise to immediate cause (a), (2MOS.								
1	stating the underlying cause	415	10 YRS,								
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING										
4	19a. DATE OF OPERATION 19b.										
	G or contributing cause of Death (If either, natify medical exominer) P.M. HOUR A.M. Month Day Year										
	While Not while at work at work										
١	22a. I certify that (I) (this hoseital) attended the deceased from, 19, 10, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19										
	22b SIGNATURE COLLEGE	DEGREE PHYS DEGREE OF PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR DI									
	22d PHYSICIAN'S NAME (Type) DAVID COCDENBENG 22e ADDRESS 980/ GRENCOLA, SIL SPC, als,										
- 1.		7	of cemetery or crematory John & Cemete		ion (City or Town) iond, India		(State)				
	tyson wheeler F	uneral Home 133	Rock Pike	25d. RECD BY REGISTRAR	1969 REGISTRARS	SIGNATURE	ye.				

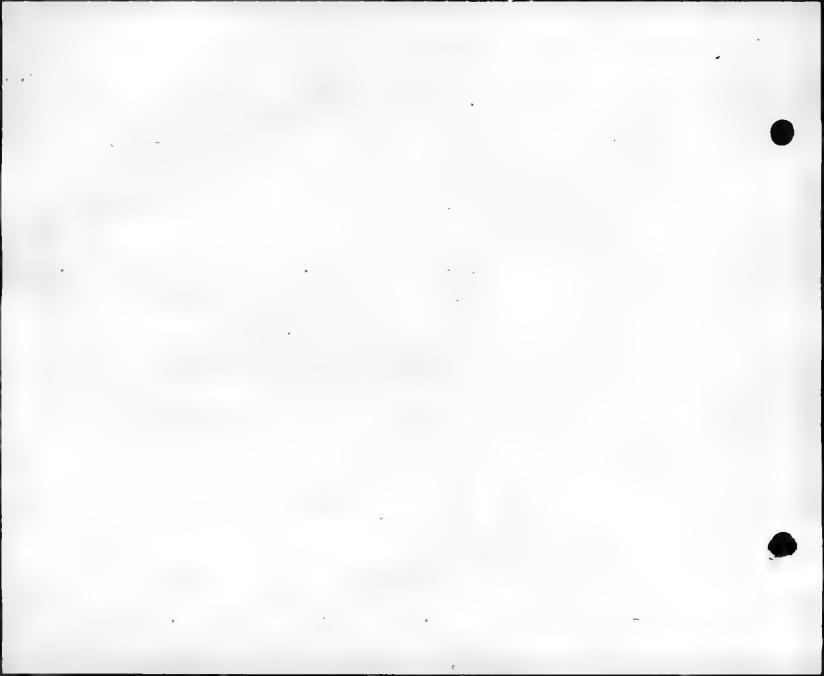
Prage 4 may be retained by the haspital of attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers Pages should be filed with the State Dept of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after VR A15 (4) 30M REV 1/68

be executed within 24 hours after

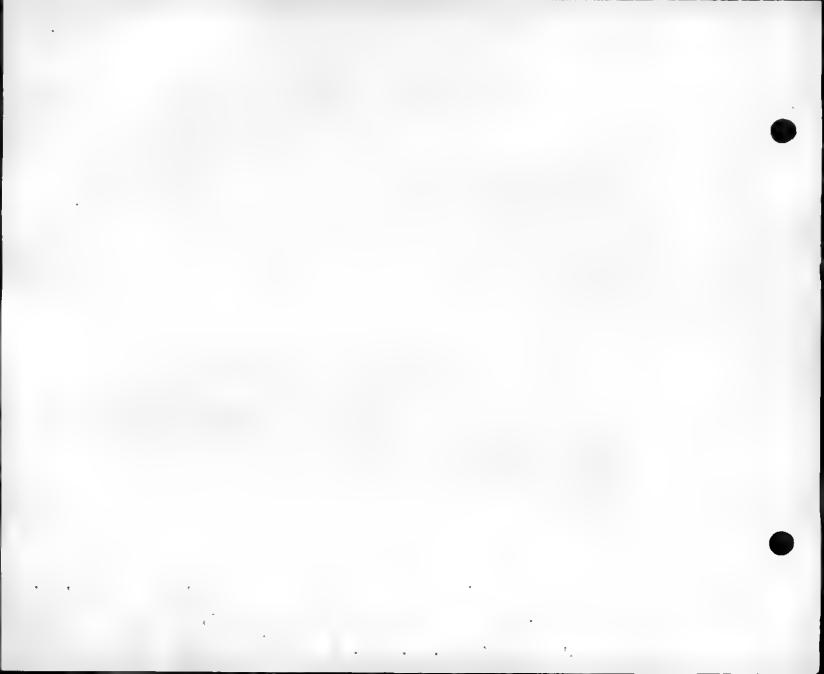
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02614 02603 CERTIFICATE OF DEATH 2g. DATE OF DEATH 1. DECEASED NAME Middle Last 2b. HOUR First funeral 1 and 2 er death. dertificate be executed within 24 hours after death (Type or print) 4. RACE IF UNDER 1 YEAR HE UNIDER 24 HRS. 3. SEX 6. AGE (In years last birthday) DAYS HOURS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED [NEVER MARRIED] WIDOWED X DIVORCED [m ont goine threama and completely filled 12o. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital KIND OF BUSINESS OF during most of working life, even if retired.) give street oddress? remove corbon heal herenia Home Homerunker 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before INC. CITY OR TOWN 3e INSIDE CITY LIMITS? 13e STREET AND NUMBER NoT 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Last cremotion, or removal, and in TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician a director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, at removal, and it 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, ir unknown) (If yes give war or dates of service) 147-42-6240 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: requires that the death IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to Immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse by the hospital or attending physician PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ATTENDING PHYSICIAN: The law 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) (AT HOME FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC Stote 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Caunty While Nat while at work 220. I certify that (1) (this hospital) attended the deceased from 19 6 and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased olive-on_ TO HOSPITAL OR ATTENE Page 4 moy be retained director, page 3 should should be filed with the couses stated above ((1))(we) (did)(did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED MED DIRECTOR DEGREE 22. ADDRESS 13515 Georgia Ave, Silver Spring, Md. 22d. PHYSICIAN'S Allen Cohen MD. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE Feb .26,1969 (County) (State) 23a BURIAL, CREMATION, Lodi. New Jersey BEHAVAL (Specify) Riverside Cemetery REGISTRAR S SIGNATURE 25b. 24. FUNERAL DIRECTOR Goldberg Fun'l Home 4217 9th. St. Wash. DC

VR A15 [4] 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02610 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Middle HEALTH DEPT. DECEASED NAME 20 DATE KNOWN (Type or Print) 19609 Caroline Page DEATH MATED 700 ij and 3 1 land 2 with the State Department IF JINDER 24 HRS 4 RACE S DATE OF BIRTH DATE PRONOUNCED DEAD 3 SEX PM3 iast birthday) 1969 W 5 YRS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign MARRIED | NEVER MARRIED Office along with farm Montgonzers DIVORCED [Give Pages NAME OF HOSPITA. OR INSTITUTION (If not in hospital 12a JSLA. OCCUPATION (Kind of work dene 12b KIND OF BUSINESS OR bours after death 10. CITY OR TOWN OF DEATH during most of working life, even if retired) (Where deceased lived, if institution Residence before 13c. CITY death admissian) STATE Mc. Bethesda em-18 YES 📝 NO 🗀 5524 after IS MOTHER'S MAIDEN NAME Middle 14 FATHER S NAME Lost 4 should be farwarded to the Chief Medical Examiner's pages hours . = 17 INFORMANT///o This certificate shauld be executed within in penci Fie APPROXIMATE INTERVAL couse per line for (a), (b) any event within BETWEEN ONSET AND DEATH burial-transit permit. pending PART I DEATH WAS CAUSED BY: cute-1601010 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Fardio Vascular Disease -4ears Conditions, if any, which gave rise to immediate cause (a), please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Generalized Arterio Sclerosis 4-6215 ⊆ removal, and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) o 90 3 should be used 20 AUTOPSY? 196 CONDITION FOR WHICH OPERATION 19a DATE OF OPERATION WAS PERFORMED? YES 🗔 NO X 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 18) prior to buriot, cremation, ar 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year HOUR A.M. PRIMARY OR CONTRIBUTING SICAL EXAMINER: P.M CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF IN ... RY (At barne, form street, 21f. LOCATION Street or R.F.D. No. Chy or Town County State factory, office building, etc.) may be retained for your FUNERAL DIRECTOR: Page NOT WHILE. AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🔭 Inquiry [X and in my apinian the funeral director. Natural causes Accident Suicide . Hamicide Undetermined manner death resulted from CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER TO DEPUTY SIGNATURE 706.22,1969 5 may be TO FUNER/ Health p DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, tawn, or county) NAME (Type) 230 BURIA XRAMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 2-25-69 Gate of Heaven Maryland Silver Spring 24 FUNERAL DIRECTOR ROBERT A. Pumphreyaddress 250 REGISTRAR S SIGNATUR 7557-Wisconsin Ave., Bethesda, Md. 1969 VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02616 02611 CERTIFICATE OF DEATH 2o. DATE OF DEATH DECEASED-NAME Middle Last 2b HOUR First requires that the death certificate be executed within 24 hours after death signed by the ottending phyrician and completely filled in by the tuneral buriol-tronsit permit. Their please Tenhove corbon papers. Pages 1: and 2 burial, cremotion, or removal, and in any event, within 72 hours offer death (Type or pont) ROBERT Feburary Irving HOSKINSON 121. 1969 3. SEX 4 RACE S. DATE OF BIRTH 6 AGF (In years OF LINDER 1 YEAR last highdoy) NOURS Male White January 30, 1890 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B MARRIED T NEVER MARRIED country) Virginia U.S.A. WIDOWED A Montgomery DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12o USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 12005 Remington Drive Silver Spring during mast of working life even if retired) **INDUSTRY** 13a, USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Md. 12005 Ramington Drive Montg. Silver Spri 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First First Holland Hoskinson Laura M. ---160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address 578-05-7625A YM op, ar unknown) [(If yes give war or dates of service) Julian H. Hoskinson son - same item 13 APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.

'IMMEDIATE CAUSE (o) ___ 1 week Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove) arteriosclerotic cardiovascular disease rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) os the TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO [YES 🔲 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY و OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21d. INJURY OCCURRED
While Not while ot work 216. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Stote 220. I certify that (I) (the point of tended the deceased from October, 1965, to Feb. 12, 1969, that (I) (we) last sow the deceased olive an Feb 11, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the O HOSPITAL OR ATTEND Poge 4 moy be retoined director, page 3 should should be filed with the causes stoted obove, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATUR MED DIRECTOR STAFF PHYS. Feb 12, 1969 224 ADDRESS 345 University Blvd. W. Silver Spring 22d. PHYSICIAN'S Raymond Bradshaw NAME (Type) 23a BURIAL CREMATION, 23c_NAME OF CEMETERY OF CREMATORY ROCKVILLE 23d_LOCATION (City or Town) (County)
Rockville, Maryland 2/14/69 (State) Tyson Wheeler Funeral Home 1331 Rock. Pike DATEEB 13 1969 25b. REGISTRAR'S SIGNATURE DATEEB 13 1969 24 FUNERAL DIRECTOR

Rockville, Md.

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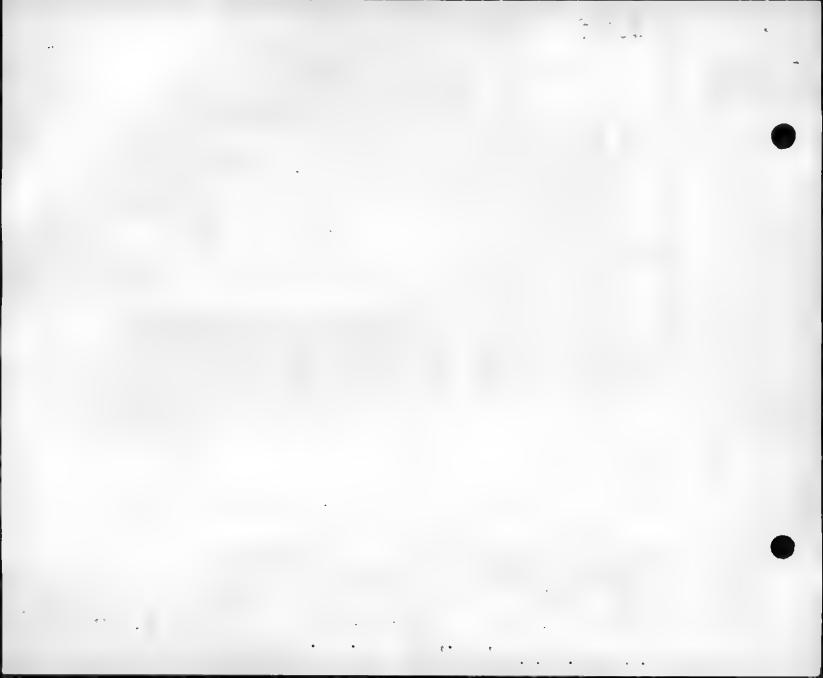
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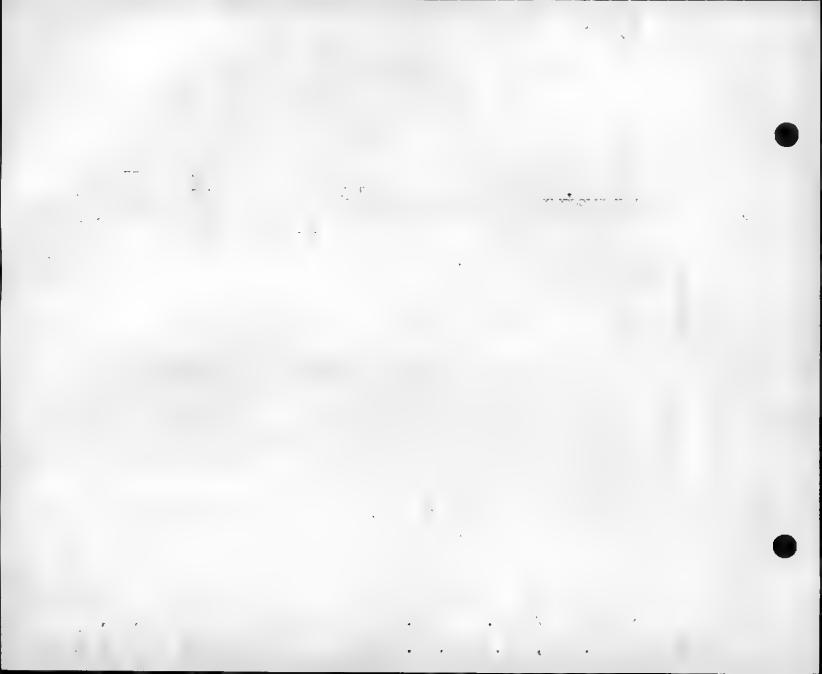
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02619 02613 CERTIFICATE OF DEATH 1. DECEASED NAME 20. DATE OF DEATH and 2 25, HOUR 24 haurs after death. completely filled in by the funeral (Type or print) PH 2 rs Pages 1 3 SEX 4. RACE 6 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS HOURS 7g BIRTHPLACE (State or fore an 76 CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH MARRIED NEVER MARRIED carban papers rent, within 72 ho WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kyrd of work dove PHYSICIAN: The law requires that the death certificate de Executed within 12b KIND OF BUSINESS OR during most of working life, even 'f retired') RENSINGTON COBOUNTENT= 130 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) STATE LIG. When COUNTY 3212 Kenyon Avenue please remove and in any To be 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Last **Eckhardt** Last physician on please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) removal, Warld West 705-05 (Sa me APPROXIMATE INTERVAL signed by the attending CAUSE OF DEATH (Enter only one cause per line for (a), (b) god (c). BETWEEN ONSFT AND DEATH PART I. DEATH WAS CAUSED BY 6 IMMEDIATE CAUSE (a) cremation, Conditions, if any, which gove ! nse ta immediate couse (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF attending physician. burial PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been as the prior ta 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🔀 use YES [of Health O HOSPITAL OR ATTENDING PHYSICIAN: 'Page 4 may be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2 Item 18.) j OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M detached 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this hospital) att total deeased from 19 69, and that in (my) (our) opinion death accurred on the date and hour and from the saw the deceased alive on should (aid not) view the body after death. causes stated above, (1) (we) / 226 SIGNATURE 22c DATE SIGNED ATTENDING directar, page 3 DIRECTOR 22d PHYSIC ANS 22e. ADDRESS 23a BUR.AL, CREMATION 23b DATE 23c NAME DE CEMETERY DR CREMATORY 23d LDCATIDN (City or Town) (County) REMOVAL Spect y 2/10/69. Mt. Olivet Cemetery Baltimore, Md. 24. FUNERAL DIRECTOR 25g REC D BY REGISTRAR Leonard J. Ruck, Inc. Balto. Md. 21214



		MARYLAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02615
		02620 CERTIFICATE OF DEATH
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02617 tem2 FilmG410 3/5/69 kk CERTIFICATE OF DEATH 2b. HOUR Middle 20. DATE OF DEATH Fabruary 1. DECEASED-NAME First Lost executed within 24 hours after death (Type or print) Feburally Jackson Jr. Thomas 8:40 M Paul S. DATE OF BIRTH 4. RACE 6. AGE (In years IF BINDER 1 YEAR IF UNDER 24 HRS. 3. SEX lostsbirthdoy) White 16 August 1943 Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Pennsylvania USA Montgomery DIVORCED [WIDOWED [7] 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street oddresse Clinical Center Bethesda 13o. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d INSIDE CITY JAMITS? 3e STREET AND NUMBER odmission) STATE Montgomery YES X NO 🗌 12000 Old Georgetown Road Rockville Jackson signed by the ottending phystrion and co burial-tramsit permit. Them please remo burial, cremation, or removal, and in any 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Shevlin Thomas Paul Wakeson Sr. Agnes 17. INFORMANTThe Medical Record 16b. SOCIAL SECURITY NO requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) (It yes give wor or dotes of service) 198-34-0868 The Clinical Center, NIH, Bethesda, Md. 20014 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND CEAT IMMEDIATE CAUSE (o) Hepatic Failure 1 Year Conditions, if any, which gove DUE TO, OR AS A CONSEQUENCE OF 4 Years Hodgkin's Disease rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) Pericarditis unknown etiology TO NUMBRAL DIRECTOR After this certificate has Been 190, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔀 NO 🗀 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, not fy medical examiner) P.M. 21d. INJURY OCCURRED 2)e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town State County While Not while of work director, page 3 should should be filed with the 9 causes stated above, (N) (we) (did) (26266) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. 13 February 1969 22d PHYSICIAN'S 22e. ADDRESS The Clinical Center, National NAME (Type) Robert E. Curran, M. D. Institutes of Health, Bethesda, Md. 20014 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE Feb. 17, 1969 Cathedral Cem. Scranton, Penna STRAR 25b REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR Wisc Ave Willeander Verdar Funeral 1969



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 82623 02618 CERTIFICATE OF DEATH DECEASED-NAME 20. DATE OF DEATH First Middle Last 2b. HOUR and 2 death. February Month (Type or print) 1969 FLGRENCE **JACOBS** MAE 2:30thm S. DATE OF BIRTH HE JINDER + YEAR IF UNDER 24 HRS. 3 SEX 4. RACE 6. AGE (In years lost burthdoy) HOURS White February 12, 1892 Female 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED 🖂 NEVER MARRIED United States WIDOWED DIVORCED | Montgomery County District of Columbia 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY corban Olney, Montgomery General Hospita Secretary Government 13o USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY JMITS? Campi 13b COUNTY 3622 Gleneagles Drive Xecut Silver Spring Marvland Montgomery Middle 14 FATHER'S NAME First M ddie IS, MOTHER'S MAIDEN NAME First East = Kidwell requires that the death certificate be Levi Minnie White please and i 16b SOCIAL SECURITY NO 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes no, or unknown) (If yes give war ar dates of service) Dame a O FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 shauld be detached far use as the burial-transit permit. Then APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse busial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19th DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [T] 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If e ther, natify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. Dept. 21d. INJURY OCCURRED City or Town County State While Not while at work at work State 22a | certify/that (I) (this haspital) attended the deceased fram_ and that in (my) (our) opinion death occurred on the date and hour and from the sow the declared once oncauses stated above, (I) (we) (did) (did not) view the body after death 22c. DATE SIGNEDS 22b SIGNATURE ATTENDING MED DIRECTOR director, page 3 shauld be filed v DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY ___ 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 1 REMOVAL (Specify) REGISTRAR S SIGNATUR REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME First Middle (Type or Print) George Johnson DEATH MATED IF UNDER I YEAR 3 SEX 4. RACE 5 DATE OF BIRTH 2-13-6. AGE (In years JE ISNOYER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR Male White KRXIDER. 1908 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Montaomeru U.S.A. WIDOWED [DIVORCED [Minnesota 10. CITY OR TOWN OF DEATH 13 NAME OF HOSPITAL OR INSTITUTION (Wind to bospital of 120 USEAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR gve stee 3025 New Hampshire Ave. dury most of Bring the even if retired) Silver Spring 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 136 COUNTY Montgomery Sil. Spr. in Item 18. YES 🔀 NO 🗔 15502 Gallandet Avenue 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Victor Katherine Domish Lohnson hour 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT in pencil (Yes, pg, or unknown) Heken A. Gallandet Avenue Korean 475-16-2884 within IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH pending" IMMEDIATE CAUSE (0) Pyelonephritis - Jerminal Week DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove Cachexia - Terminia nse ta immediate couse (a) writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse = Amyotrophic Lateral Sclerosis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11st 0 Carcinoma Prostate: 190 DATE OF OPERATION WAS PERFORMED? YES [210. EXTERNAL CALSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street of R.F.D. No. City or Town County State fectory, office building, etc.) WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy ... Inspection 1 and in my apintan Natural causes Acadent Suicide S death resulted from. Homicide | Undétermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Heolth **EXAMINER'S** Beldon Reap. DME NAME (Type) BUR AL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) VR A15ME (5) Inc. 8434 Georgia Avenue



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept af Health priar to burial, cree		O CONTROLL	WIN JUNT				9 20103
A HC	230	BURIA, CREMATION, 23b. DATE REMOVA (Specify) BURIAL 2-27-		EMETERY OR CREMATORY	1	it ON (City or Town)	(County) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02626 02621 CERTIFICATE OF DEATH 2b. HOUR Middle Last 2a. DATE OF DEATH 1. DECEASED NAME First death. that the death certificate be executed within 24 hours after death (Type ar print) and campletely filled in by the funeral remove carbon papers. Pages 1 and February arry 00 Jones DATE OF BIRTH 6. AGE (in years IF UNDER 24 HRS. IF LINDER ! YEAR last birthday) DAYS HOLRS Caucasian 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? ^{8.} Married 😿 Never Married [(ountry) Kansas DIVORCED | WIDOWED [12a USUAL OCCUPATION 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during most of working life, even if retired)

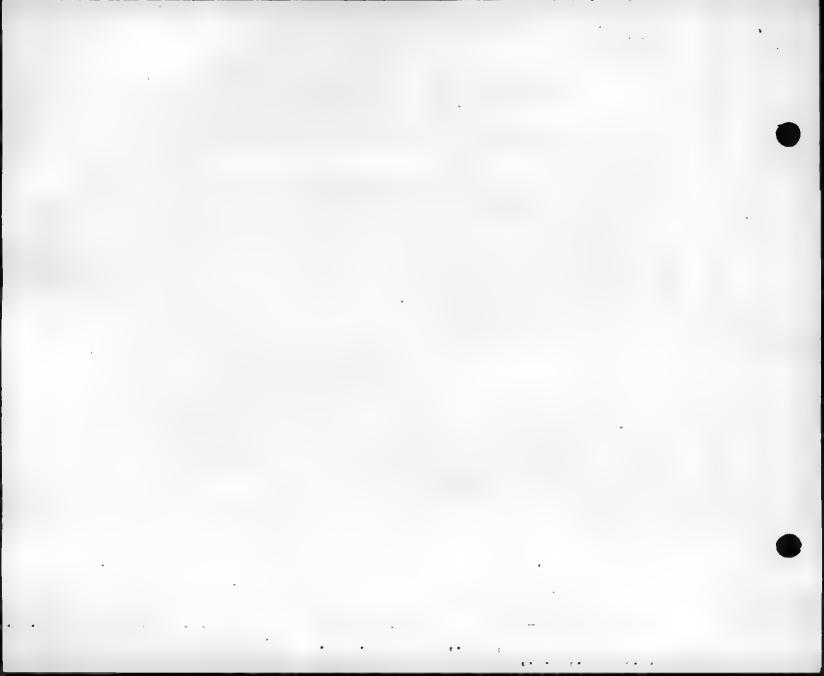
A Frone V give street address vsicion and completely to please, remove carban ¥. 12200 Reminaton event, 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 12200 Reminator In any 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Midwenton Jordes Carrie 16b. SOCIAL SECURITY NO 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, go, or unknown) (If yes give war or dotes of service) 215 46 2410 Saline W. Jones 12200 Remington Drive S 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: 30 min. erebro-Vascular IMMEDIATE CAUSE (a) rterioscleratic cardiovascular disease Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 19a. DATE OF OPERATION 206. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) PM. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at work O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased from June, 1953, to Feb 8, 1969, that (1) (we) last saw the deceased olive an Feb 8 ___1969, and that in (my) (our) apinian death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED DEGREE directar, page 3 shauld be filed DIRECTOR 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 345 Universi 23a. BURIAL, CREMATION REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY sphrey, Inc. 8434 Georgia Avenue DATE FEB 17 1969 Montgomery Md 2Sb. REGISTRAR'S SIGNATURE 30M REV



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02628 02623 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR (Type or print) 7:20 P N ~Uarl 3. SEX 6 AGE (In vegual FUNDER 1 YEAR last birthday) eose remove carbon papers. Pag ond in any event, within 72 hours within 24 hours 70 BIRTHPLACE (State or fore an 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED and completely filled in WIDOWED E DIVORCED OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d NSIGE CITY LIM 757 13e STREET AND NUMBER 14 FATHER'S NAME 5 MOTHER'S MAIDEN NAME First requires that the deoth certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 426"/ 4512 N HRE120 burial, cremation, or removal, SOIV, ROCKVILLE, 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c))
PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Malionant CACHEXIA 962045 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 10) Creinomy Coverx with Peluc Methstasis 10 months signed by the buriol-transit p Conditions, if any, which gave) rise to immed ate cause (a). þ stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) None Page 4 may be retained by the hospital or attending director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? NONE YES I TO FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INIURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No City or Town {munty State Wh.le Nat white at work at work 22a. I certify that (I) (this hospital) attended the deceased fram Sept 5, 1968, to Feb 18, 1969, that (I) (we) lost sow the deceased alive on Feb 18, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the body after death. 22b, SIGNATURE 22c DATE SIGNED ATTENDING PHYS DEGREE 22d. PHYSICIAN'S 22e ADDRESS NAME(Type) Stanley Bialek 8218 WISCONSIN 23a BURIAL, CREMATION 23b DATE 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) REMOVA-(Sperify) Cedar Hill Cemetery Suitland, Prince Georges Co.Md. 24. FUNERAL DIRECTOR
Joseph Gawler's Sons, Inc., 5150 Wisc. Ave. 25g. REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE W Wash D.C 20016

MARYLAND STATE DEPARTMENT OF HEALTH



ADDRESS NO.

HomeArlington.

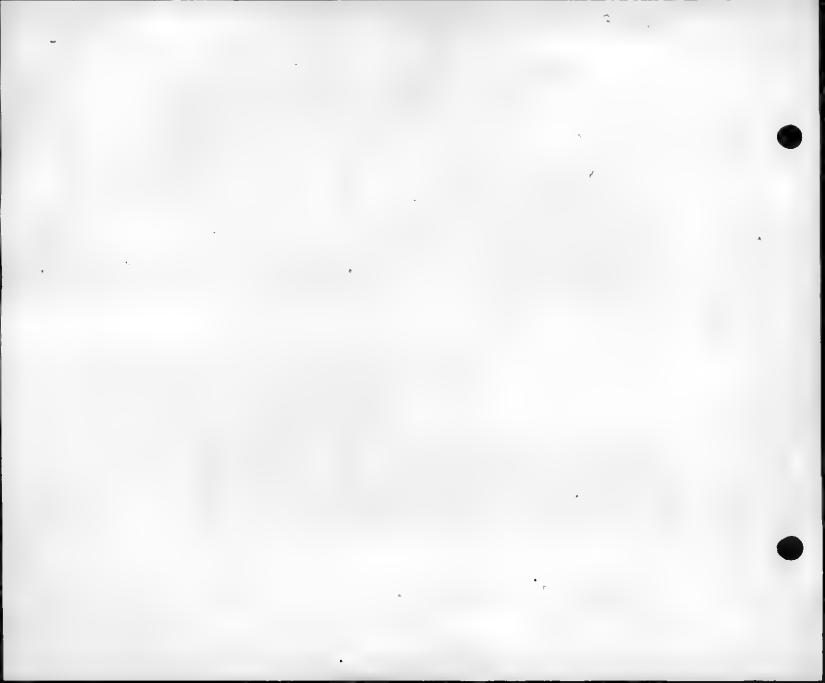
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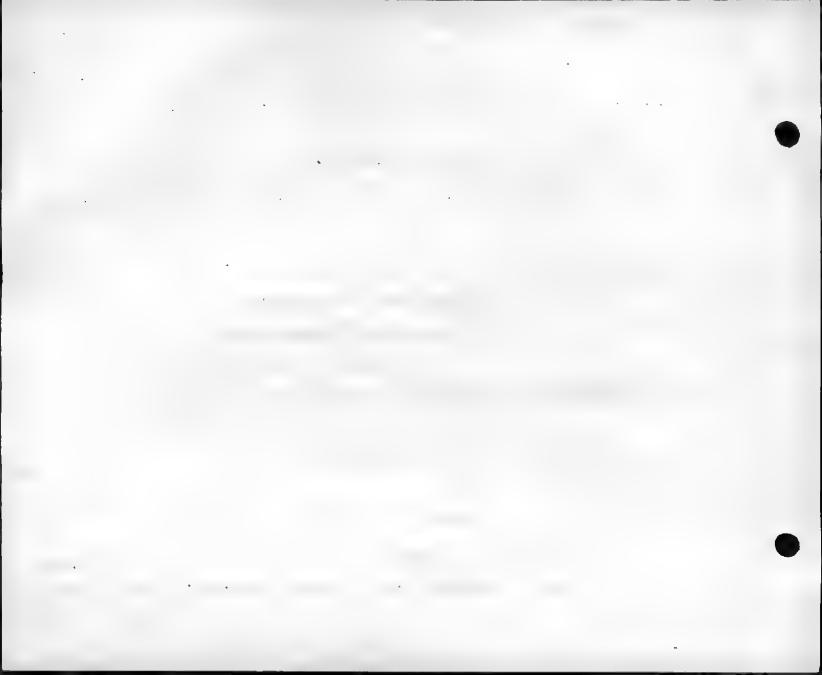
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02630 02625 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a DATE OF DEATH 2b HOUR skida and completely filled in by Vie Teneral please remove corbon papers. Pages 7 and 2 lead in ony event, within 72 hours after death (Type or print) Month IS Day 196 Ye 1220 A 11 3. SEX AGE (in years last birthday) 4. RACE IF UNCER 24 HRS. 7b CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8. MARRIED [] NEVER MARRIED [country) Indiania U.S.A. Montgomery DIVORCED WIDOWED 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPAT ON (Kind of work done 2b. KIND OF BUSINESS OR g ve street address) during most of working life, even if retired) INDUSTRY 9202 HOUS WIFE AND NUMBER 3a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13b COUNTY ontgomery Cedar Wav Bethesda YESIX Md. NO 🗌 14 FATHER'S NAME FIFST IS. MOTHER'S MAIDEN NAME First gu Last Middle Last Bauer **TINK NOWN** Linihan UNKNOWN signed by the attending physicida buriol-tronsit permit. Then pleame buriol, cremation, or removal, and 16b SOCIAL SECURITY NO. OR ATTENDING PHYSICIAN: The law requires that the death certificate 16d-, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANMIT. C. B. Anfinsendress Yes, na, ar unknawn) (If yes give war ar dates of service) 9202-Cedar Way, Bethesda, Md. HNKNOSIN 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Mytas tate APPROXIMATE INTERVA. mitastatic caranoma of the colon DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior to t Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate hos been 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b F YES, WERE FINDINGS CONSIDERED IN CERTIFYING 25 xxx 1967 CAUSES OF DEATH? YES 🗀 NO D director, page 3 should be detached for use should be filed with the State Dept. of Health 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET FACTORY) 21f LOCATION Street or R.F.D. No. County City or Town State While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from 2 to 1967, to 14 667, 1967, that (I) (we) last saw the deceased alive an 1967, and that in (my) (cor) apinian death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226 SIONATURE 22c DATE SIGNED ATTENDING DIRECTOR PHYSICIAN'S 22e. ADDRESS Bethesda, Md. NAME (Type) HORACE W. BERNTON. 23a - BURHAE, CREMATION 23c NAME OF CEMETERY OR CREMATORY
Cedar Hill Crematory 23d LOCAJ ON (City or Town) Suit Land 23b. DATE (Stote) XEMOVAL Specify) 24. FUNERAL DIRECTOR Obert A. Pumphre VODRESS 7557-Wisconsin Ave., Bethesda, Md. 25b REGISTRAR'S SIGNATUR



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 82632 CERTIFICATE OF DEATH 02627 DECEASED-NAME 20 DATE OF DEATH Lost 2b. HOUR Month (Type or print) : COD M SEX S DATE OF BIRTH 6. AGE (In years IF LINDER 24 HRS lost birthdoy) SHTMOM DAYS ZALION 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED MONTEONER WIDOWED-Z DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR PHYSICIAN: The low requires that the duoth certificate be executed within WESTING during most of working life, even if retired) MO give street oddress) UNIVERSITY INDUSTRY WHEATON HOME event, 13c CITY OR TOWN 13e. STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY CHMITS? 1135 COUNTY in any 15. MOTHER'S MAIDEN NAME First Middle physician and Middle Last JOHN ZADETH UNKHOWN burial, cremation, or removol, and 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN Address I (If yes give wor or dates of service) Yes, no. or unknown) 4020 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) signed by the burial-transit p Conditions, if ony, which gove) rise ta immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF by the hospitol ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached for use as the Stote Dept. of Health prior to hos been 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO | use FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day (If either, natify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town Caunty State While Not while at work ot wark 22a. I certify that (1) (this haspital) attended the deceased from 1967, to 70, 1967, to 70, 1969, that (1) (we) last saw the deceased alive an 1969, and that in (my) (our) apinian death accurred on the date and haur and from the be retained director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** ĎEGREE DIRECTOR PHYS Poge 4 moy b 22e. ADDRESS 22d. PHYSICIAN S

30M REV. 128

REMOVAL (Specify)

23b. DATE

NAME (Type)

23o. BURIAL, CREMATION

23c. NAME OF CEMETERY OR CREMATORY

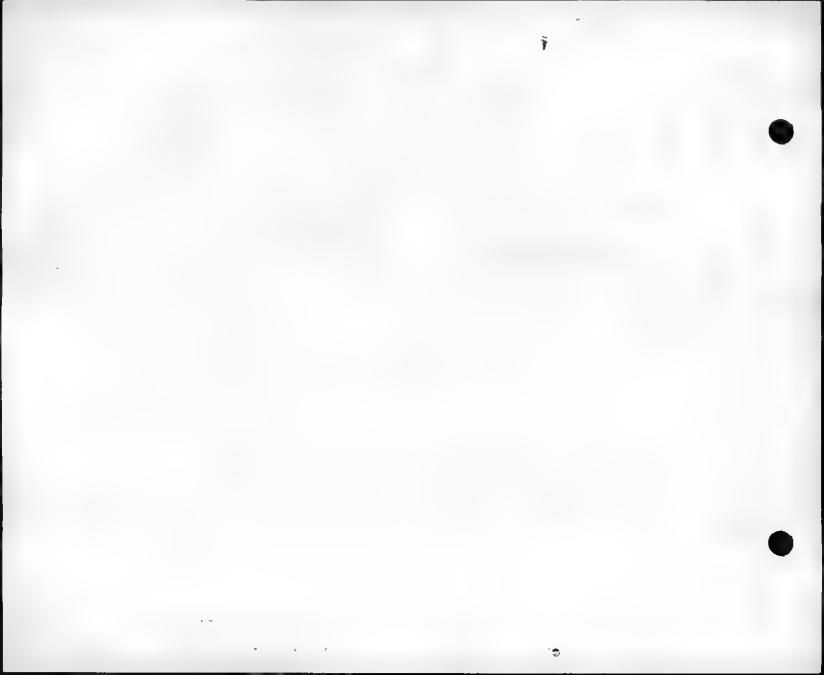
23d LOCATION (City or Town)

(County)

(State)

"Maryland Harmony Memorial Park

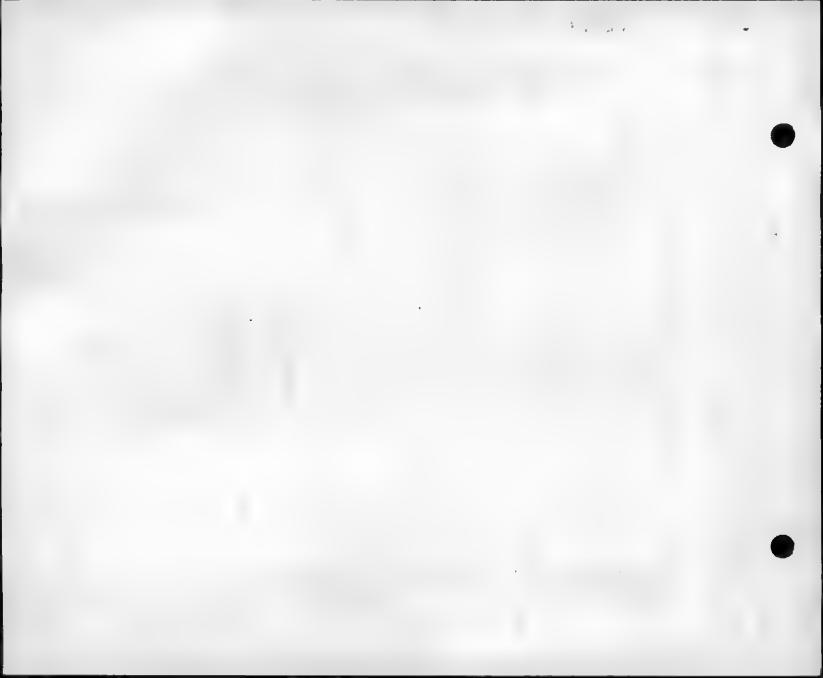
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physicate physical ten pleas naval; and	F	no Les ElyNOR K. CREGAR - DANShter SAme.							
		18. CAUSE OF DEATH (Enter only one couse per lyrg for (a), (b) and (c)) PART 1 DEATH WAS CAUSED BY. LAMSCOATS CAUSE AND DEATH LAMSCOATS CAUSE OF DEATH (Enter only one couse per lyrg for (a), (b) and (c))							
	ı	IMMEDIATE CAUSE (a) CONSEQUENCE, OE.							
- 4	Т	(anditions, if any which gave) (b) all alrabyte Imperior (a).							
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두 이 국 양수 🦂	/ II ·	YES NO Z CAUSES OF DEATH?							
IAN: Ital a ficati for for fr		216 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natury medical examiner) P.M. 19							
S PHYSIC the haspi this cert detached e Dept. a	1	While Not while of the property of the propert							
		220. I certify that (I) (this hospital) attended the deceased from 1967, and that in (my) (our) opinion death occurred on the date and from the causes stated above. (I) (we) (did) (did not) view the body after death.							
TEND ined DR: A auld auld		saw the deceased alive an1967, and that in (my) (our) opinion death occurred on the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death.							
O HOSPITAL OR ATTENDIN Page 4 may be retained by O FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Sta		220-STC/NATURE ATTENDING MED STAFF DEGREE PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR							
TAL C nay b AL Di page page pe file		22d. PHYSICIANS NAME (Type) A T B 22e. ADDRESS							
OSPI 3 4 n JNER ctar, uld b	2	bingmond 1. Wen HER Till 4113 Palle Bey Whealen nell							
TO HOSPITAL Page 4 may TO FUNERAL director, page shauld be fi	2.	Burial 2-10-1969 Clinton Cemetery Drvington Essex New Jersey							
VR A 5 (4) 45M - 1/69	2	4 FUNERAL DIRECTOR COLEGIE VACE ADDRESS SIL Spr. Md 250 RECD BY REGISTRAR 250 REGISTRAR'S SIGNATURE							
45M - 1/69		Warner E. Pumphrey. Inc. 8434 Georgia Ave. DATE FED I 1969							



MARYLAND STATE DEPARTMENT OF HEALTH										
- 1	02634 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
g	CERTIFICATE OF DEATH									
/	1 DECEASED NAME First Middle Last 2a. DATE OF DEATH 2b HOUR 2b HOUR 2b HOUR 2b HOUR 2d. DATE OF DEATH 2c. DATE OF DEATH 2c. DATE OF DEATH 2d. DA									
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24 aper	WA. U.S.A. WIDOWED DIVORCED WORKED MC									
physicion. signed by the offending physician and completely filled in by the funeral burial, cremation, or removal, and in any event, within 72 hours after death burial, cremation, or removal, and in any event, within 72 hours after death	11. NAME OF HOSPITAL OR INSTITUTION (If pot in hospita. 120 USUAL OCCUPATION (if no at work done give street address) 121 USUAL OCCUPATION (if no at work done during most aftworking life, even it retired) 123 USUAL OCCUPATION (if no at work done during most aftworking life, even it retired)									
od v	30 USJAL RESIDENCE (Where deceased lived, if institution Residence before \$136, CTY OR TOWN. 13d, inside GITY LIMITS? 13e, STREET AND DILIMATER									
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any on y	14 FATHER'S NAME First Middle Lost IS, MOTHER MAIDEN NAME First Middle Lost									
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equires that the death certificate be or physicion. signed by the attending physician and burial-transit permit. Then please remburial, cremation, or removal, and in an	16a WAS DECEASED EVER IN O.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT									
requires that the death certification. signed by the attending physe burial-transit permit. Then position, or removal.	ELEANOR M SHREFFLER- CHITAZISTING									
ing ing	18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) PART 1 DEATH WAS CAUSED BY									
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he off per per lion,	DUE TO, OR AS A CONSEQUENCE OF Circle of Willis, congenital									
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hos hos	YES NO CAUSES OF DEATH?									
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CIA sitol fiffice fiffice for the	Or CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year Iff either, notify medical examiner) P.M. 19 21-1 IN UNIDAY OF CUIDERS 1-220- PLACE OF UNIDAY AND HOME FARM STREET SECTION 10 STREE									
TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires the Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the State Dept. of Health prior to burial, cress	TOTAL PRODUCT OCCURRED 1218, FENCE OF INJURY CONTROL PRODUCT, INCOME,									
the this detc	at work — at wark —									
by Affer be be Stat	22a. I certify that (1) (this haspital) attended the deceased from Feb. 24, 1964, to Feb. 28, 1964, that (1) (we) last saw the deceased alive an Feb. 27, 1961, and that in (my) (aur) opinion death accurred on the date and hour and from the									
R: A the	saw the deceased alive an 1961, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated abave (III) (we) (did) (did nat) view the bady ofter death.									
Athorna Athorn	22b, SIGNATURE 22c DATE SIGNED									
OR O	DEGREE PHYS DIRECTOR									
rat AL C Pogg e fill	22d PHYSICIAN S 22e ADDRESS									
SPI 4 m VER	370 K. Tetterica Nie Garmerscaro, mo									
O HOSPITAL Page 4 may O FUNERAL I director, pag should be fil	230 BURIA (REMATION, REMOVAL (Specify) 230 DATE 230 NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (State)									
54 5 b v	12 3 @ I VROSPECT HILL CEM. TROWN VA.									
VR A15 (4) 45M - 1/69	24 FUNERAL DIRECTOR ADDRESS ADDRESS 25g. REC'D BY REGISTRAR 25b REGISTRAR 5 5 GWATURE DATE MAR 4 1869 Florance June 1869									
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Takoma Funedal



A 1	It	em5 FilmGliO 3/11/69 MARYLAND STATE DEPARTMENT OF HEALTH
EOD CTATE		02636 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02631
FOR STATE		MEDICAL EXAMINER S CERTIFICATE OF DEATH
± a a b /		Type or Print)
₹ % ±	3 9	Reginald Ross Leake DEATH MATED 2 24 HOUR EX 4. RACE S DATE OF BIRTH 2010 6. AGE (19 years if UNDER 1 YEAR F UNDER 24 HRS 2). DATE PRONOUNCED DEAD 22 HOUR
ny delay 2, and 3 PM3. Ba		Male Cauc Tan 29 1/969 29 YRS PONDER 7 TARK FUNDER 24 HIS DAYS HOURS WITH Day Year March 3. 1/69 11:15
Y 2, 9		BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
	€QUI	'I'Y) Virginia U.S.A WIDOWED DIVORCED Montgomery Md
	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR
- F	_	akoma Park, Gueste dedress Ave. Apt 1 during most of working life, even if retired. INDUSTRY Houses INDUSTRY HOUSE INDUSTRY HOUSES
5 5 5 S	. 13a	desiration) STATE 10% COUNTY
10		Addissami State Maryland Montgomery Takoma Pk YE NO - 7034 Carroll Avenue FATHER'S NAME First Middle Lost IS MPTHER'S MAIDEN NAME First Middle Lost
24 n n l s l s l		That available Met Available
d be executed within 24 d "pending" in pencil in Chief Medicol Examiner's fransit permit. File pages y event within 72 haurs	160. Y	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) 1960-1962 130-48-8949 (230-48-8949) (230-48-8949) (230-48-8949)
executed in Medical Executed in Medical Executed From the Front Front Int within		18 CAUSE OF DEATH (Enter only one cause per sine dorgo), (b), and (c) PART I. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (g) APPROX.MATE MTRYAL BETWEEN ONSET AND DEATH APPROX.MATE MTRYAL BETWEEN ONSET AND DEATH
be executi "pending" nef Medico nsit permit		DUE TO, OR AS A CONSEQUENCE OF
be "pe hief ansi		Conditions, if any, which gove rise to immediate couse (a). (b) - Road with Exsernguenation
		stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF Lost.
is certificate shoulte, writing the work forwarded to the e used as a burial-removal, and in an		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 19 THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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5 5 5 5 ×	CERTIFICAL	WAS PERFORMED? YES NO
粗 등 구 일 이	MEDICAL CE	210 EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING HOJR A M. 2-24 1969 1969
EXAMINER: ute the certing oge 4 should your files. Poge 3 should tremation, cremation,	WE	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f TOCAT ON Speed of RFD No (thy or Town County State)
bicat EXAM slease execute the director Page 4 etoined for your DIRECTOR: Page or to buriol, crem		AT WORK AT WOR
A for Post		220. I certify that I tack charge of the remains described above, held on Autapsy , Inspect.op , Inquiry and in my apinion
JTY DICA ry, please e erol director be retoined RAL DIRECT prior to bu		death resulted from: Natural couses, Accident
		ACTUAL CHIEF MEDICAL EXAMINER
JTY, plendy, plendy, plendy, plendy, plendy, plendy, plendy, plendy, prior prior		SIGNATURE SIGNATURE M.D ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED DEPUTY MEDICAL EXAMINER 27b. DATE SIGNED
necessory, pi the funerol of 5 may be re 10 FUNERAL I Heolth prior		NAME (Type) BELDEN / NEAP M.D. ADDRESS STEEL CHYCLOSTY OF COUNTY) March 4; 101
70 4 20 4 4 2 4		BERIAL CREMATION, 23b DATE 23c, NAME OF CLIMENTY OF CREMATORY 23d LOCATION (City or Town) (County) (State), REMOVAL (Specify) 3-5-6-9 LILBREST MAN GRANDERY CREMATORY (City or Town) (County) (State),
VR A15ME (5)	24	E-MERAL DIRECTOR TO THE ACTY ADDRESS SHIP AND REGISTRAR SIGNATURE
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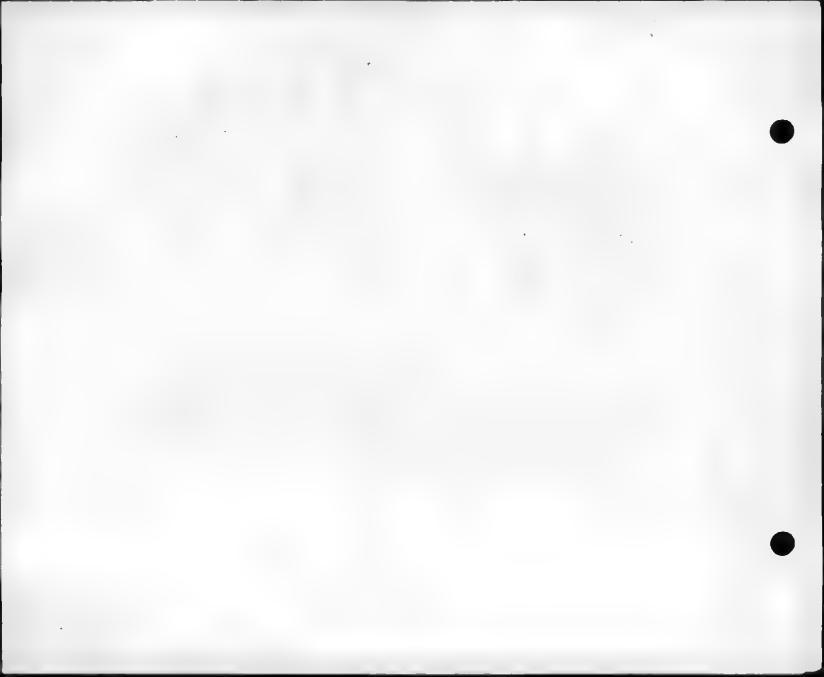


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02632 02637 CERTIFICATE OF DEATH . DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HODBY (Type or print) Louise NMN) February Lee 3. SEX 4. RACE IF UNDER 1 YEAR S. DATE OF BIRTH 6. AGE (in years law requires that the death certificate be executed within 24 bayrs after physician and campletely filled trady the F last birthday) January 1906 Female Negro within 72 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED XX NEVER MARRIED virginia WIDOWED [DIVORCED [7] Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 32a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address)
The Clinical Center, NIH during most at warking life, even if refired) INDUSTRY Bethesda and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Washington, 13b. COUNTY 1817 Riggs Place, N.W. Washington.D 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Last Mason Carter Minnie Lambert 17. INFORMANT Bethesda, Maryland 20014 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, pg., ar unknawn) (f yes give wor or dates of service) burial, cremation, ar remayal, Not Available The Medical Records, The Clinical Center signed by the attending phy burial-transit permit. Then 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Acute cardiac arrest immediate IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) ll hours Acute coronary occlusion rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. stating the underlying cause Hypertension and arteriosclerotic heart disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ed tar use as the b t. af Health prior to b O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? Yes YES X NO . 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No State City or Town County While Nat while at wark 22a. I certify that XX (this hospital) attended the deceased from 18 February, 1969, ta. 18 Feb., 1969, that (1) (we) last saw the deceased alive an 18 February 1969, and that in XXX (aur) apinian death accurred an the date and haur and from the causes stated abave, (W. (we) (did) (did Not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 19 February 1969 DEGREE 276 ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Richard E. Miller, M.D. Institutes of Health . Bethesda. Md. shauld 230 BURIAD, CREMATION, REMOVAL (Specify) 23b. DATE 23 r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION/(City or Town) (County) 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 3/6



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02638 CERTIFICATE OF DEATH DECEASED-NAME 20. DATE OF DEATH First Middle 2b HOUR death. (Type or print) Month 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (in years TE JHOER 1 YEAR last birthday) NOURS 2-19requires that the death certificate be executed within 24 haurs 9 COUNTY OF DEATH 7o BIRTHPLACE (State or foreign **76 CITIZEN OF WHAT COUNTRY?** MARRIED NEVER MARRIED TO (quntry) USA WIDOWED DIVORCED IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done give street address during most of working life, even if retired.) INDUSTRY COL USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 13d INSTOE CITY LIMITS? 13b. COUNTY YES -9 1131784LIXND burial-transit permit. Then please remai burial, crematian, ar remaval, and in any 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Lost physician and 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO Yes, na. ar unknown) (if yes give war at dates of service) Vosepã APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by the burial-transit p Canditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Hal O FUNERAL DIRECTOR: After this certificate has been as the Health priar to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ATTENDING PHYSICIAN: The YES | NO [T] use 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Ę OR CONTRIBUTING CAUSE OF CEATH by the haspital HOUR A.M. Month Day Year (If either, notify medical exominer) P.M. detached (AT HOME, FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e PLACE OF INJURY City or Town County State While Not while at work at work 220. I certify that (1) (this haspital) attended the deceased from 2-19 ___, 19 <u>69</u>, to and that in (my) (our) opinion death accurred on the date and haur and fram the saw the deceased alive an _ be retained director, page 3 shauld shauld be filed with the couses stated above, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED **begree** DIRECTOR O HOSPITAL Page 4 may 22e ADDRESS NAME (Type) 23a. BURIAL CREMATION, REMOVAL (Specify) 23b. DATE LOCATION (City or Town) (County) (State) Medine Suice 25b REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH

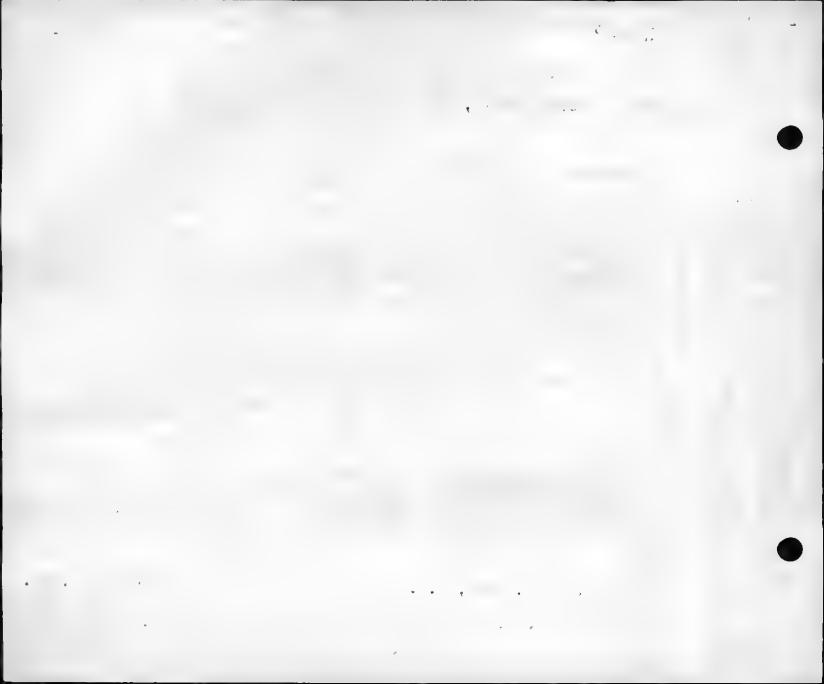


25a REC D BY REGISTRAR

256. REGISTRAR'S SIGNATURE

VR A15ME [5]

24. FUNERAL DIRECTOR



02640

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02635

		CERTIFIC	ATE OF I	DEATH		U,	2635	>	
1. DECEASED NAME First	Middle		Lost	20.	DATE OF DEATH			2b. HOUR	
(Type or print) ANTO!	NETTE C.	Lan	nberg		FEB	Day S 4	Yeor 1969	62 10 N	
3. SEX	4. RACE		S DATE OF BIR		6 AGE (In year	rs IFU	NOER I YEAR	IF UNDER 24 HRS	
FeMALE	WHITE		6/2	2/89	last bythday)	YRS MON	THS CAYS	HOURS MAN	
7o. BIRTHPLACE (State or foreign 7	b citizen of what country?	8. MARRIED	NEVER MARR	9. CO	UNTY OF DEATH				
COLEMANY	USA	WIDOWED	DIVORC	ŒD 🗍	men Toon	nER	,	Md	
10 CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	INSTITUTION (If na	t in hospital		LPATION (Kind of work of	done (1)	2b. KIND OF B	USINESS OR	
BETHESDA	give street address)	WBUR	BAN	during most of	working life, even if reti	red) II	NDUSTRY		
130 USUAL RESIDENCE (Where deceased	lived, if institution. Residence before	e 13c. CITY OR	TOWN 1:	3d INSIDE CITY & MITS?	13e STREET AND NUMBI	ER			
Odmission) STATE	13b COUNTY MONTGOMERU	Rocker	ILE	YES NO	199 ROL	LIN:	5 Ave	,	
14. FATHER'S NAME First	Middle Lost	15	MOTHER S MAI	DEN NAME First	M do	die 🔾		Last	
EDMUND	VOM STE	EG	Em	1/1/2		Pic	HRE)	
160 WAS DECEASED EVER IN U.S. ARMED	D FORCES? 1166 SOCIAL SECURIT	Y NO. 17 IN	FORMANT		Good Contidy	229	۵.		
Yes, pa, or Lriknown) (If yes give ward	088-05-0)655A_T/	RMA W	EID.WK	E-DAU, HTER.	7 13	- 1067/	VESDAMO	
18 CAUSE OF DEATH (Enter only	one couse per line for (o), (b) and ((c))	45		7			ATÉ INTERVA. SET AND OFATH	
	BY: CAUSE (0) ganera Pi		beriosel.	es => 671 +	thron to stiles	4.7:	code		
14409	DUE TO, OR AS A CONSEQUENCE O								
Candit ans, if any, which gave)	(b) ca her		punca	Lorenza-			172-5		
rise to immediate couse (a), (stating the underlying cause)	DUE TO, OR AS A CONSEQUENCE O		1						
lost.	(c)								
PART 2. DTHER SIGNIFICANT CONDI	TIDNS CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PART I(a)				
8									
19a. DATE OF OPERATION 19b. CO	INDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPS	SY?	20b. IF YES, WERE FINDI	NGS CONSIL	DERED IN CER	TIFYING	
E			YES 🔀	NO 🗌	CAUSES OF DEATH?				
21d ACCIDENT WAS UNDERLYING		21c HOV	N INJURY OCCU	IRRED (Enter natur	e of injury in Part 1 or Pa	un 2, Item	18)		
a (If either, natify medical exominer	r) P.M.	19							
21d INJURY OCCURRED 21e PL While I Not while I	ACE OF INJURY (AT HOME FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 218. LOC	ATION Street	or R.F.D. No.	City or Fown	Co	unty	State	
at wark at wark									
22a. I certify that (I) (this	haspital) attended the decea	ised fram Z	11-1213	1967	to 27 F190	, 19 6	_ , that (i) (we) last	
saw the deceased aliv	re an 2 - 1 1 3 5 (1) (we) (did) (did nat) view th	_IY_Z_, and a hady after de	that in (my)	y(aur) apinian	death accurred an th	ie date a	nd haur ai	nd fram the	
226 SIGNATURE	1) (We) (did) (did fidi) view fil	e budy uner de	MIII.			22c. DATE	SIGNED		
1 ston	Me Usanon	DEGRE	ATTENDING PHYS	MED DIRECTO	R STAFF		125-10	59	
22d. PHYSICIAN'S	/					.2	11 12		
NAME (Tybe)	Sbew m Wyor	2 AN	7	801 1101	R FOLKAUS	170	Talue A	, vie	
230 BUR AL CREMATION, 235 DAT	TE 23c NAME O	F CEMETERY OR C			LOCATION (City or Tawn)		ounty)	(State)	
Burial 2-2	7-69 Fairm	ont Cer	netem	z Ne	ewark. Ner	ı Jer			
24 FUNERAL DIRECTOR	ADDRE	22		25a RICEOREA	STOLAR	RAR S SIGN	ATURE		
ROBERT A. PUME	PHREY, Bethesd	la, Mar	yland	DATE	عر قوق ا	March Comprehensive	On Boso	5425	

VR A15 (4 45M - 1/89

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled and y the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers Pages 1 and 2 should be filed with the State Dept at Health priat to burial, crematian, or remayal, and in any event, within 72 hours after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician

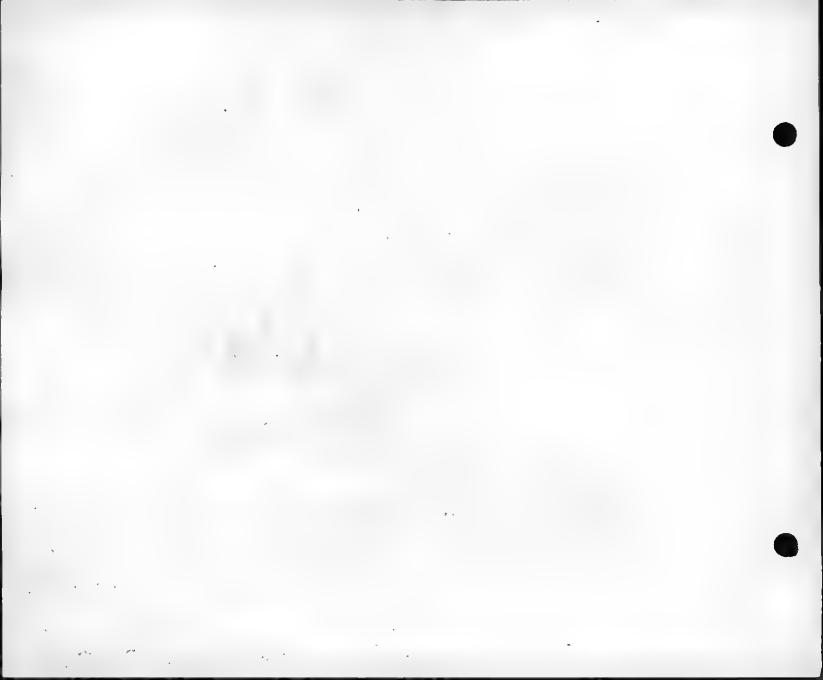




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 82642 02637 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Last 20 DATE OF DEATH 2b. HOUR after death. executed within 24 hours after death puo 10 (Type ar print) c on and completely filled in by the funeral base remove carbon papers. Pages 1 and and in ony event, within 72 hours after deat Eldridge Charles February 3. SEX S DATE OF BIRTH 6 AGF (In years last birthday) HOURS White July 7. 1907 Male 7a, BIRTHPLACE (State or foreign 7b. CITEZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED country) DIVORCED (within 72 America WIDOWED [T Virginia Montgomery 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USJA. OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Washington Sanitarium during mast of warking life, even if retired to the life employed Takoma Park 13a JSUAL RESIDENCE (Where deceased lived, funstriution; Residence before 13c CITY OR TOWN 13d BNS DE CITY JMITS? 13e STREET AND NUMBER admissian) STATE Montgomery 4800 Sandy Spring Road Maryland andinony First Last IS MOTHERS MAIDEN NAME First Frics Charles Susan Lynn 100 16b. SOCIAL SECURITY NO 17 INFORMANT Address 360 WAS DECEASED EVER IN U.S. ARMED FORCES? requires that the death certifical Yes, no ar unknown) 587-10-5307 Patient's chart é d or remova APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave: burial-tronsit nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! burral, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND. THO I I VENT I VOI os the TI FUNERAL DIRECTOR: After this certificate has been 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use (Health p HOGENIC CARCINGARY YES 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day detoched for (If either, natify medical examiner) 21d. INJURY OCCURRED 23e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f .OCATION Street or R.F.D. No. City or Town County State While Not while 22c DATE SIGNED STAFF director, page shauld be filed DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 23a. BURIAL, CREMATION 23b. DATI 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State)



MARYLAND STATE DEPARTMENT OF HEALTH 02643 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02638 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR remove carban papers Pagés 1/and 2 requires that the death certificate be executed within 24 haurs after death (Type or print) Manth 40 5. Year 050 191 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. th last birthday) MONTHS HD URS male 1888 80 YRS 7p BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED TO NEVER MARRIED cquntry) WIDOWED DIVORCED elawane Claim On W 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION IK nd of work done 126 KIND OF BUSINESS OR give street address) during most of working life, even if retired) Meat Packing 13a. USJAL REVIDENCE (Where deceased lived, if institution. Residence before admission) STATE. | 13b COUNTY 13c No ARTOWN 13d. NSIDE CITY LIM: TS? 13e STREET AND NUMBER YES (and the any 4. FATHER S NAME Middle IS MOTHER'S MAIDEN NAME First Middie On Design casf Last Se 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address by the attending physic ransit permit. Then pla Yes, na, or unknown) (If yes give war ar dates of service) burial, crematian, ar remava APPROX MATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: BETWEEN DASET AND DEATH IMMEDIATE CAUSE (a) Conditions, if any, which gave : burial-transit rise to immediate cause (a). DUE TO, OR AS attending physician. stating the underlying couse signed k last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar ta l this certificate has been 9a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 206 JE YES, WERE FINDINGS CONSIDERED IN CERT FYING CAUSES OF DEATH? YES T detached far use te Dept. af Health the haspital ar 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, nat fy medical examiner) PM 21d. INJURY OCCURRED State Dept. 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. State City or Town Caunty While Nat while at wark at wark OR ATTENDING TO FUNERAL DIRECTOR: After þe O HOSPITAL OR ATTEND Page 4 may be retained director, page 3 shauld shauld be filed with the causes stated abave, (1) () (did nat) view the bady after death. 226 SIGNATURE ATTENDING EGREE PHYS DIRECTOR PHYS. PHYSICIAN S 13 NAME (Type 23a BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State) Surial (Specify) Parklawn Cemeteru Rockville Montgomery 2-24-1969 Spr., Carter VR A15 Inc. 8434 Georgia Avenue



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0263982644 CERTIFICATE OF DEATH 1 DECFASED-NAME First Lost 20. DATE OF DEATH 2b. HOUR completely filled in by the funeral nove carban papers. Pages 1 end 2 nove carban papers. Pages 1 end 2 requires that the death certificate be executed within 24 havrs after death (Type or print) Philip NMT Mankowitz 2:03P 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 0 lost birthdoy) HOURS 27.5 Male 4/15/07 61 White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIEO 🔀 NEVER MARRIED 🗌 DIVORCED | WIDOWED [7] Montgomery

12a. USUAL OCCUPATION (Kind of work done Baltimore Md. USA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospito) 12b. KIND OF BUSINESS OR Silver Spring | Give street oddress) | Holy Cross Hospital | 130 USUAL RESIDENCE (Where deceosed lived, if institut on Residence before | 13c. City OR 10Wh during most of working life, even if retired.) INDUSTRY merchant merchant 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY 8484 16th St. SSMd. Maryland Montgomery 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Mankowitz n signed by the attending physician one burial-transit permit. Then please re burial, cremation, or removal, and in a social of the social of Barney Nettie Kramer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give war or dates of service) As of offinknown) wife Mary 8484 16th St. SS.Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH (culiar IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, flony, which gove) rise to immediate couse (o), OUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medicol exominer) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 8 22b. SIGNATURE 22c. DATE SIGNED m.D. Zal-10, 1969 DEGREE DIRECTOR 22e. ADDRESS S. BRESLER, MA NAME (Type) ARTHUR 10881 LOCKWOOD DR-5.5. Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 230 BURIAL, CREMAT ON, (County) (Stote) BEMOVAL (Specify)

KINGDAVID MEHORIAL GARDEN

250 REC D BY REGISTRAR

FALLS CHURCH

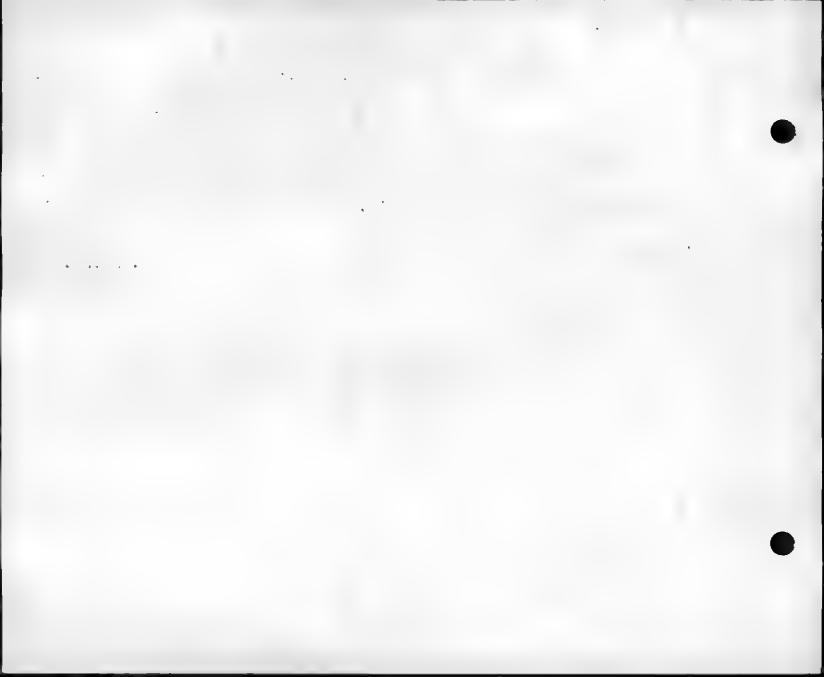
Wilsonsta, Onedaz

25b. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV, 1/68

24. FUNERAL DIRECTOR

RERNARD DANZANSKY LSONS WASHINGTON DC



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 82645 02640 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle 2a. DATE OF DEATH 2b. HOUR within 24 hours after death (Type or print) Month Q.H 3. SEX 4. RACE DATE OF BIRTH 6 AGE (In years HE LINDER ! YEAR IF UNDER 24 HRS last birthday) MONTHS YRS. 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH country) After this certificate has been signed by the ottending physicion and campletely filled in 3 be detached for use as the burial-transit permit. Then please remove carban papers. DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspita 12a. USUAL OCCUP during mask af warking life feven fretired) INDUSTRY Trendation ond in ony event, 13a USUA. RESIDENCE (Where deceased lived, if institution Res depte before 13c CITY OR TOWN 3d. INSIDE CITY LIMITS? : The low requires that the death certificate be executed 3200admissian) STATE 14 FATHER S NAME Middle 15 MOTHER'S MAIDEN NAME First CORA NCOX 160. WAS DECEASED EVIR IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, ar unknown) (If yes give wor or dates of service) burial, cremation, or removal, 579-24-9321 Marcus 18. CAUSE OF DEATH (Enter only one couse per line (or le) and (de PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) ETERIOSELEROSIS Canditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DECONDITION GIVEN IN PART 1(a) ORGANIC attending director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a. DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [Page 4 may be retained by the hospital or 21a ACCIDENT WAS UNDERLYING 21c. HOW INSURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town/ Caunty State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from 1963, to 3, to 3, to 1964, that (1) (we) last saw the deceased alive on 1964, and that in (m) (aur) apinian death accurred an the date and haur and from the causes stated abave (1) we) (aid) (did pot) view the bady after death. O FUNERAL DIRECTOR: 226 SIGNATUR 22¢ DATE SIGNED ATTENDING PHYS MED. DIRECTOR DEGREE 22e ADDRESS NAME (Type) 700 23a BUR AL, CREMATION, 23b DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BENOVAL EPHON) 2/8/69 Ft.Lincoln Cem. Colmar Manor, Md. 24 FUNERAL DIRECTOR 2Sq RECO BY REGISTRAR Nalley's Funera Whenton Vinginia Home



2So. REC'D BY REGISTRAR

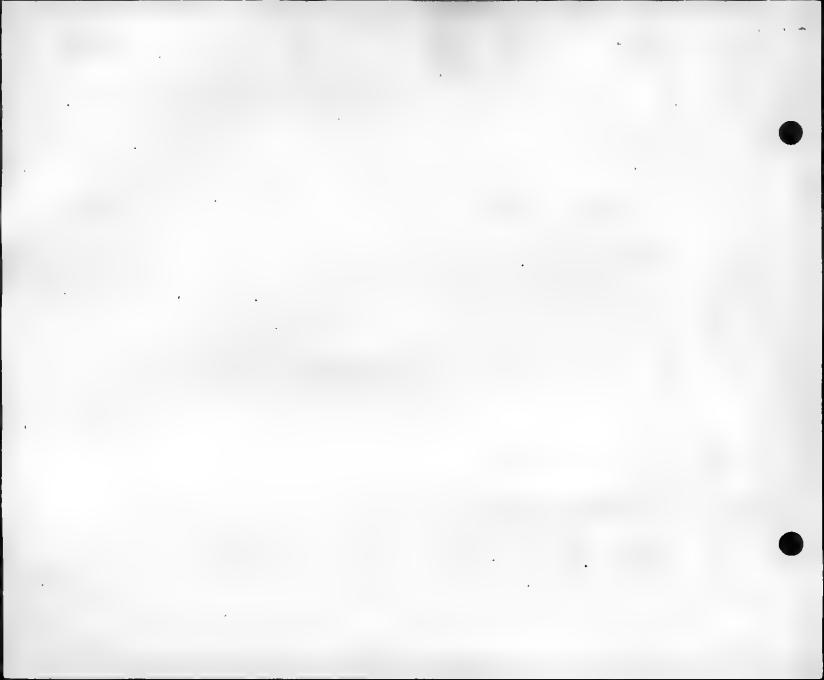
25b. REGISTRAR S" SIGNATURE

VR A15ME (5)



	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0	2649
HEALTH DEPT.	10	ECEASED NAME First Middle Lost 2a DATE KNOWNED Month	Day Year 2b HOUR
af ae ac	,	(YPE OF Print) WALTER JAMES MARSHELED DEATH MATED FEB	21 1969 231
Pa Pa	3 \$	X 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2₫ ¶ÔUR
y delay is , and 3 to PM3. Page	1	PALE WITTE 4/14/86 S2 VRS MONTHS DAYS HOURS MAN MORTH Day	Year 19 Coff 237 M
2 2		BIRTHPLACE (State or foreign 76 CIT.ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
e D	caur	ENGLAND USA INDUNED DIVORCED JAEN GOMERY	Me
ath age the first		ITY OR FOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
hours after death Ty delay is flem 18. Give Pages 1, 2, and 3 to Office along with farm PM3. Page land 2 with the State Department of after death.	1/	3ETHESDA give street address) SuBurBAN during most of working life, even if retired.)	INDUSTRY ELIGIDIN
frer ong ong		SUAL RES DENCE (Where deceased ved, if institut on Residence before 13c CITY OR TOWN 3d JASIOT CITY JIMITS? 13e STREET AND NUMBER	1
Z w dec	0	THESON STATE AND IBMOUNTY - JOMERY RETHESON YES INO I SCOT MAPLA	-RIDGE KD
hours ofter Item 18. Gi Office along I and 2 with	14 1	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Løst
24 hours ofter death. In Item 18. Give Pages r's Office along with far es land 2 with the State irs ofter death.		WILLIAM MARSHFIELD LYDIA M	TCHELL
him 24 ncil in niner's gages haurs	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, ng, or, unknown) (If yes give wer or dates of service) ADDRESS ADDRESS	
withing pencil amine Te gage	,	NARAH MARSHIFIELD -	WIFE - SIGME
uted will be given be given by mit Tale	Г	1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
5 8 9 5		PART I. DEATH WAS CAUSED BY: Coronary Insufficency Acute	Sudden
Pending" pending ief Medica nsit permit	1	4/24 DUE TO, OR AS A CONSEQUENCE OF	Years
be '' p'		(ond tions, it any, which gave is to immediate cause (a).) (b) Eardie Vascoler Disease.	90013.
ward ward the Cl irial-tra		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
a the variable buri		(c)	<u> </u>
(AMINER: This certificate should be executed within 24 hours after death te the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, and 2 should be farwarded to the Chief Medical-Examiner's Office along with farm your files. So 3 should be used as a burial-transit permittine ages 1 and 2 with the State Decremation, ar remayal, and in any event within 22 hours after death.	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
writh writh writh wall was a sed to you	CERT FICAT ON	19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION	20. AUTOPSY?
te, fall	THE	WAS PERFORMED?	YES NO Z
certificate, could be fores. es. should be to es. inn, ar rer	155	21a. EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter notice of injury in Part 1 or Port 2, Its PRIMARY OR CONTRIBUTING 1 HOUR A.M.	em 18.)
ER: cert cert oull oull es. ihou	MEDICAL	CAUSE OF DEATH P.M. 19	
bical EXAMIRER: se execute the certi ector. Page 4 should ned far yaur files. tECTOR: Page 3 shou a burial, cremation,	ž	21d INJURY OCCURRED 21e PLACE OF INRY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. City or Tawn factory, office building, etc.)	County State
XA Jute yau yau yau cre		AT WORK LI AT WORK LI	
ICAL IN EXECUTOR. Pograd for CTOR: Purial,		220. I certify that I taak charge of the remains described obove, held on Autopsy 🗍, Inspection 🔣, Inquiry 🔀	and in my opinion
director. Please explication of the plant o		death resulted from Natural causes 🗶 , Accident 🗌 , Suicide 🗍 , Hamicide 🔲 , Undetermined manner	
please director retained.		ACTUAL O P. B. B. C. CHIEF MEDICAL EXAMINER CONTROL OF THE CONTROL	
ry, please eral directions was be retained and prior to		The state of the s	-21,1969
func dy h		LAMBOURED & P. C. L.	AL AA
o EFLITY SICAL EXEM necessary, please execute the funeral director. Page 4 5 may be retained for your of Funeral Directors. Page Health prior to burial, crem	720	NAME (Type) 3017N G. 1242 ADDRESS (Street, city, town, or county) MONTE. BUR AL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d 10CAT ON (City out own)	(Caunty) (State)
7 2	230	3 REMOVAL (Specify) 2/24/69 NATIONAL MEMORIAL PK. FALLS CHURCO	1 1/2
	24	FLINERA, DIRECTOR 250 REGISTRAR 256 REGISTRAR 256 REGISTRAR 5	SIGNATURE.
VR A15ME (5) 10M REV 1768	150	S. GAWLER'S SONS, WASHINGTON, D. C. DEB 26 1969 Miland,	By Confige

MARYLAND STATE DEPARTMENT OF HEALTH



\$2648 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02643 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME Middle First 20 DATE KNOWN! (Type or Print) lian ESTI-OF Page 706 ď DEATH MATED X ent 6 AGE [in years IF UNDER 24 HRS 3 SEX 4 RACE 5 DATE OF BIRTH DATE PRONOLINCED DEAD 2, u. PM3. V Murch 7 To BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED Give Pogges 1, wath form Monta haurs after death TO CITY OR TOWN OF NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done during most of working I fe, even if retired) INDUSTRY hershully 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 30 USUAL RESIDENCE (Where deceased lived, if institution Residence before PX#313411 tem Office land 2 after 14 FATHER'S NAME IS, MOTHER'S MAIDEN NAME This certificate should be executed within 24 pencil in shauld be farwarded to the Chief Medical Examiner's hours pages 16b SOCIAL SECURITY NO 17 INFORMANI **ADDRESS** (Yes, no, or unknown) permit. File APPROXIMATE NTERVAL event within 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) GETWEEN ONSET AND DEATH Insufficency PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF **burial-transit** Conditions, if ony, which gave rise to immediate cause (a), the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ o PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be used 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO DE 210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INSURY OCCURRED (Enter noture of injury in Port 1 or Port 2, item 18) HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING crematian, SICAL EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 2.e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D. No. City or Yawn County Stote factory, office building, etc.) 5 may be retained far yaur O FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry and in my opinion the funeral directar. Natural causes 💢 Accident Suicide death resulted from: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED necessary, O DEPUTY **EXAMINER'S** Health ADDRESS(Street, city, town, or county) NAME (Type) BURIAL CREMATION 23b DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02649 02644 CERTIFICATE OF DEATH 1. DECEASED NAME Middle First Last 20. DATE OF DEATH 2b HOUR death. 24 hours after death (Type or print) Feb. Lottie Virginia 28,1969 Martin signed by the attending physician and campletely filled in by the fur burial-transit permit. Then please lemave carban papers. Pages I burial, cremation, ar removal, and jodny event, within 72 havis after 3 SEX A. RACE S. DATE OF BIRTH 6. AGE (In years JE UNDER 1 YEAR IF UNDER 24 HRS last birthday) HOURS July 15,1898 Female White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) W. Va. USA DIVORCED WIDOWED [Montgomery 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol 10. CITY OR TOWN OF DEATH 20 USUA, OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR PHYSICIAN: The law requires that the death certificate be executed within Montgomery Gen. Hosp. during most of work ng life, even if retired)
Housewife Olney 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? Pendleton YES . NO _ Brandywine 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Last Calvin Kiser Virginia Earah Rexrode 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, na, or unknown) (If yes give war or dates of service) Mrs Mary Lee Harper R#1.Gaithersburg.Md. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Conditions, if any, which gave) rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to b Page 4 may be retained by the hospital or attending has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ed far use of Health p YES [NO 🖼 O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 220. I certify that/(I) (this hospital) attended the deceased fram 2-12 sow the deceased alive on ______1969, and that in my (our) apinion death occurred on the date and hour and from the couses stated above (1) (we) (did and view the body after death. director, page 3 shauld shauld be filed with the 226 SIGNATURE 220 DATE SIGNED ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN S 22e ADDRESS NAME (Type) Milton D. Wastberg, M. D. 431 N. Frederick Ave. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION (County) (Stote) BEMOVAL (Specify) Sugar Grove Sugar Grove, W. Va. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) L. Molesworth, Damascus, Md. DAMAR 30M REV 1/68 1969 LAC S BA



Mount Olivet Cemetery

DATE

Washington

REGISTRAR'S NOMETUR

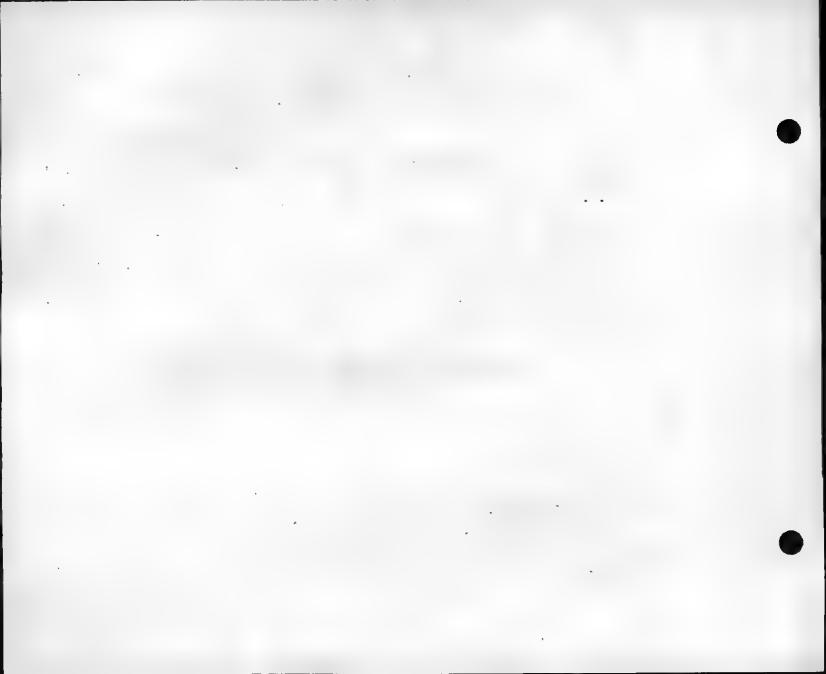
VR A15 (4) 45M - 1/69

Buria (Specify)

2-5-1969

24. FUNERA, DIRECTICO Dert E. Wilhelm Funeros Home

4308 Suitland Road Suitland Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02646 02653 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH PHYSICIAN: The law requires that thm dmath certificate be executed within 211 haurs after death (Type or print) Month 6. AGE (In years lost birthdoy) 3 SEX S DATE OF BIRTH IF UNDER 1 YEAR DAYS 70 BIRTHPLACE (State or fore an 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED 🔽 D VORCED and campletely filled remave carban pape O, CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddres during most of proking its, even if retired) NDVKKY 130 USUAL RESIDENCE (Where deceased lived if institution Residence before any event, 13c. CITY OR TOWN 13e. STREET AND NUMBER 136 INSIDE CITY LIMITS? 13b COUNTY 14 FATHER'S NAME Muddle Lost 15. MOTHERS MAIDEN NAME First Middle 160. WAS DECEASED EVER IN L.S. ARMED FORCES? 17 INFORMANT Yes, no, or unknown) ar remaval 18. CAUSE OF DEATH (Enter on y one couse per time for (o), (b), and (c) PART I DEATH WAS CAUSED BY force of IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE/OF Conditions, if any, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may III retained by thii hospital or attending TO FUNERAL DIRECTOR: After this certificate has been 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 205. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while of work causes stated abave, (1) (we) (did) (dittribe) view the bady after death. 22b. S GNATURE 22c. DATE SIGNED ATTENDING Ph. V DEGREE dimetar, page shauld be filed DIRECTOR 22d PHYSICIAN ST 22e. ADDRESS Michael Dobridge. M.D. 9801 Georgia Avenue, Sil. Spr., Md. 230 BLRIAL, CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (C ty or Town) 23d LOCATION (City or Town)
Silver Spring Montgomery Md. Gate of Heaven Cemetery 2-13-1969 ADDRESS Maryland 2SO REC'D BY REGISTRAR 25b. REGISTRAR S. SIGNATURE Pumphrey. Inc. 8434 Ga. Ave. S.S. DATE



CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH (Type ar print) Rose Williamson McGowan 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years (qst, birthdoy) 3-30-1876 Female Caucasian 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country hington, D.C. United States Montgomery WIDOWED DIVORCED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give the Laddress msgate Road during mast of working life, even if retired.) Woodacres 13c CITY OR TOWN 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e STREET AND NUMBER 136 INSIDE CITY LIMITS? 135 COUNTY Montgomery Maryland YES 🖂 NO! 5802 Ramsgate Road 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME James Williamson Many McGowan/correc 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Yes, no prunknown) 579-60-0362 Mrs. Flizabeth McGowan Fore, Daughter APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) RETWEEN ONSETAND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) heart disease Conditions, if any, which gove) rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify med cal exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from filling saw the deceased alive on the deceased from filling and that fire saw the deceased alive on the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE MED. DIRECTOR DEGREE PHYS 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION, (County) (State) 2-28-1969 Washington, D.C. Pock Creek Cemetery 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR, Toseph Gawler's Sons ADDRESS ... 2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV, 1/68

Ave. N.W., Wash., D.C.,

as the priartal

certificate has been

O FUNERAL DIRECTOR: After this

be retained

requires that the death certificate be executed within 24 haurs after

and campletely filled in by remave carban papers.



Route 7. Arlington. Virginia



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02649 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First M.ddla 20. DATE KNOWN Month Michael **Уеот** (Type or Print) Emmanuel OF ESTI-Page With the State Department of DEATH MATED Jeb. 10 3 6 AGE (n years IF UNDER I YEAR IF LINDER 24 HRS 3 SEX 4. RACE S DATE OF BIRTH 2c DATE PRONOUNCED DEAD and HOURS Month Jeb Doy 10 PM3 1069 1884 White June 14. Male 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED in pencil in Item 18 Give Pages 1, Montgomery WIDOWED [DIVORCED [after death along with 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during post of porking life, even if retired.) gree street oddress)
Wheaton NDUSTRY Wheaton restaurant 13d. INSIDE CITY LUMITS? 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13b COUNTY Montgomery odmission) STATE 9408 Woodland Drive YEXX This certificate shauld be executed within 24 haurs Office are le 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Unknown (Unknown Examiner's haurk 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** (Yes, no, or unknown) Helen Galanos 9408 Woodland Drive 5-12-9675H File APPROXIMATE INTERVAL within CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond7(c) permit. BETWEEN ONSET AND DEATH Medical PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSPOUENCE AN burial-transit the Chief Conditions, if ony, which gove rise to immediate couse (a). writing the ward any DUE TO, OR AS, A CONSEQUENCE OF stoting the underlying couse € farwarded ta PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART D removal. CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? please execute the certificate, YES [þe shauid be 0 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M crematian, SICAL EXAMINER: CAUSE OF DEATH 21d INJRY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) FUNERAL DIRECTOR: Page AT WORK AT WORK far burial, 22a | certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian the funeral director. death resulted fram be retained Natural causes Suicide Hamicide Accident Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 226 DATE SIGNED ASSISTANT MEDICAL EXAM NER SIGNATURE Health **EXAMINER'S** NAME (Type) 0 BURIAL CREMATION 23b DATE NAME OF CEMEPERY OR CREMATORY 23d LOCAT ON (City or Town) (County) REMOVAL (Specify) Parklawn Cemetery 250 RECD BY REGISTRAR 25b REGISTRAR S'S GNATURE Pumphrey. Inc. 8434 Georgia Hvenue



77- 1	13t	em 22a Film 410 MARYLAND STATE DEPARTMENT OF HEALTH 11-69ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		62655 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy Year 26 HOUR OF ESTI- DEATH MATED 7 1969 6,5 M
ay is 3 to Page Intof		Type or Print) Ren, neth Ray Miles DEATH MATED A 7 1969 6,5 M
y deray ond 3 PM3 Par	3 5	M. 4. RACE 5 DATE OF BIRTH 6 RGE to years 1 Substitution of the property of th
P. 2.3		BIRTHPLACE (State or foreign 75. CIT.ZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH
form form	(OJr	Md. S. A WIDOWED DIVORCED / NOTITY 9 Md.
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er d Sive ng v h th	130	US.A. RESIDENCE (Where deceased lived, if institution. Residence before 13c CTY OR TOWN. 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
D 20	0	dission) STATE Mel. 13b. COUNTY Mortgamery Rockville YES NO 1 884 College Brkway
hin 24 havr full merten ninec's Office pages land's haurs after	14. 1	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
res l	1/-	Kenneth. S. Miles Helen Spring
be executed within 24 havrs "pending" in pentil in them 18 itel Medical Examiner's Office of inst permit. File pages land 2 v event within 72 haurs after d		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (if yes give wor or doles of service) 16b SOCIAL SECURITY NO. 17 INFORMANT Mrs. Jo Anne Miles, 884 College Pkwy. Md.
be executed wit "pending" in pe lief Medical Exar Insit permit. File event within 72		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) APPRDX MATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" if Medical I permit. I		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) L-DCCCDfien of Brzin - Sudden.
exe endi f Me rt pe		OUE TO OD AS A CONCEQUENCE OF
d be d'p Chie		Conditions, if any which gove (b) Fracture of Skull Mid + Posterior Fossa.
shauld e ward t the Ch urial-tre		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF lost (c) Troups from Auto Accident
This tertificate should be elected, writing the ward "per be farwarded to the Chief! do used as a burial-transit or remaval, and in any ever		PART 2. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
iffica nting order al, a	No	
This tertificate frate, writing the be farwarded to do be used as a bar removal, and	TAT .	196. DATE OF OPERATION 196 COND.TION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED?
This reate, be for tell	CERTIFICAT	210. EXTERNAL CAUSE WAS 21b TIME OF IN. JRY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, item 18.)
INER: 1 e cert fice shauld be fices. 3 should bashould bashould	S.	PR MARY TOR CONTR. BUTING HOUR AM. Tab 7 1969 Cas he was driving un off history.
	MED	21d NJURY OCCURRED 21e PLACE OF N. JRY (At home, form, street, 21f (OCATION) Street or RFD No. City or Town County State
L EXAMINER: secute the cert Page 4 shault for your fies. IR: Page 3 shault id), tremation,	- 11	AT WORK AT WORK AT WORK AT HIS HIS HIS HIS HIS MORE AT WORK AT
please execute director. Page retained for you DIRECTOR: Page or to buried, con		220 certify that I taak charge of the remains described abave, held an Autapsy (X), Inspection (X), Inquiry (V), and in my apin an death resulted fram: Natural causes (X). Accident (X), Suicide (I), Hamicide (I), Undetermined manner (I)
please explease exple		CHIEF MEDICAL EXAMINER
rry, pleas eral direct be retain RAL DIRE		SIGNATURE ASS STANT MEDICAL EXAMINER 220 DATE SIGNED
		EXAMINER'S NAME (Type) John G. Ball M.D. DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)
O DEPU necessal the fune 5 may 1 0 FUNEI Health	230	BURIAL (REMATION 23b DATE 23c NAME OF (FAMETERY OR CREMATORY 23d OCATION (City of Town) (County) (State)
⊢		Burial Feb. 10,1969 Hyattstown Meth.Cemetery Hyattstown Frederick Md.
No Alexe Isla	24.	FUNERAL DIRECTOR ADVINCES THE ADDRESS FLATER 250 REGISTRAR 250 REGISTRAR SIGNATURE TO BE REGISTRAR 250 REGISTRAR SIGNATURE TO BE REGISTRAR 250
VR A15ME (5) 10M REV 1/68	L	M. R. Etchison & Son, Frederick, Maryland DATE FFB 13 1969 4 Constant of the Property of the P



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02656 CERTIFICATE OF DEATH 02651 DECEASED-NAME M.ddle Last 2a. DATE OF DEATH 2b HOUR requires that the death certificate be executed within 24 haurs after death (Type or pnnt) ROBERT MILES signed by the attending physician and camplet (ly EtHed in by the Jurera) burial-transit permit. Then please remave cathon papers. Pages and D. Month 2 Yeo69 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IE UNDER 1 YEAR IF UNDER 24 HRS Male White Dec. 4, 1907 lost_birthday] HOURS 76 CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9 COUNTY OF DEATH 8. MARRIED [NEVER MARRIED] country) Vermont Montgomery U. S. WIDOWED [DIVORCED [T 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (# not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OF give street oddress) Holy Cross during most of working life even if retired) Silver Spring INDUSTRY 130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY Ontgomery admission) STATE Sil. Spring YES X 13537 Georgia Avenue in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Lost Herbert Ernestine Miles Rogers and 16b SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 077-05-4962 Yes, no, ar unknown) remaval, Muriel Miles 13537 Georgia Ave. Sil.Sp.Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending as the has been 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO IT Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 215, TIME OF INJURY 23c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Irem 18.) b OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) be detached State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Nat while of work 22o. I certify that (I) (this haspital) attended the deceased from... and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceosed olive on_ couses stated above, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c DATE SIØNED ATTENDING DIRECTOR 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) James W. Egan directar, shavild b 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23d. LOCATION (City or Town) (County) (State) 2/8/69 Parklawn Cemetery Rockville, Maryland 250. REC'D BY REGISTRAR 19695b. REGISTRAR'S SIGNATURE BATE B 24 FUNERAL DIRECTOR **ADDRESS** Tyson Wheeler Funeral Home 1331 Rockville "ockville, Maryland



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 5y the funeral director, page 3 should be detached for use as the burial-transit permit. Then pease remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and indin any event, within 72 hours after death

VR A15

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02652

CERTIFICATE OF DEATH

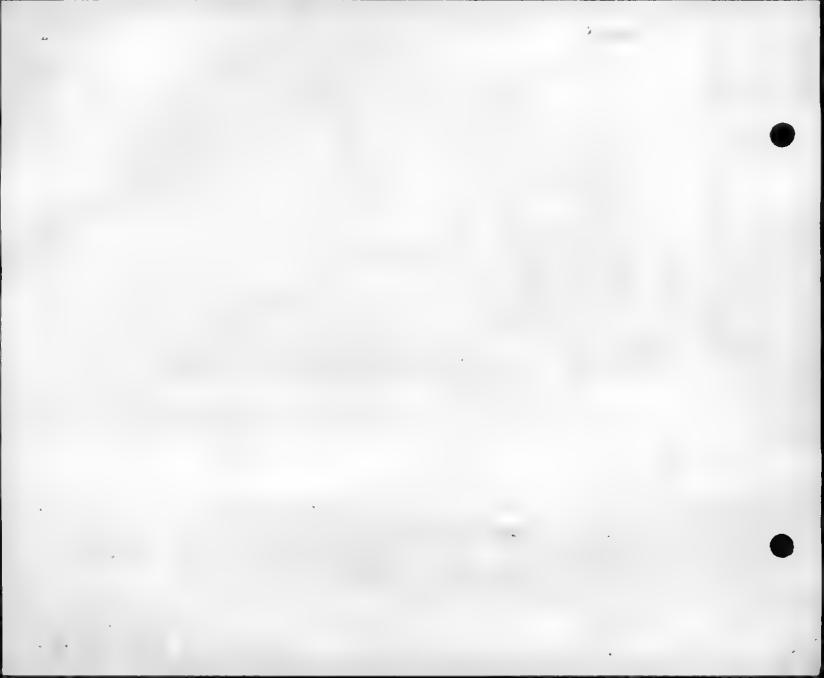
	CEASED-NAME ype or print)	First	0.11.	Middle		Last		2a DATE	OF DEATH Manth	1 Doy	9 Year A	2b. HOUR
3. SE)		SPECES.	Lillian 4 RACE	Pauli	re	Miller S. DATE OF B	IDTU		1 ACE (In	_	IF UNDER 1 YEAR	IF JNDER 24 HRS.
3. 3E	Jemale		white			_	26, 1	000	6. AGE (in last birth	day)	MONTHS DAYS	HOURS MIN.
7 4		15			T ₀					YRS.		
to 8	IRTHPLACE (State or for	3	CITIZEN OF WHAT	COUNTRY?		ED 🔲 NEVER MA		9. COUNTY				
	"" Nebrask		u.S.A.		WIDOW	12,33	RCED []	Montg				Md
	ITY OR TOWN OF DEATH Censinaton	1	11. NAME give stree	OF HOSPITAL OR IN et oddress) Hal	lstitution i	(If not in haspital vitarium	during m		ON (Kind of wi ing life, even if S		126. KIND OF INDUSTRY	BUSINESS OR
13a	USJAL RESIDENCE (Whe	re deceased	Itved, if institution.	Residence befare			13d. INSIDE CITY L	IMITS? 13e	STREET AND NO		lyer Sp	
	ssion) STATEMARY	land	13b COUNTY nt	gomery	Sil.	Spring	YES ROOM N				ale Roa	d d
14 F	ATHER'S NAME Fire		Middle	Lost		15. MOTHER'S M	AIDEN NAME	First		Middle		Lost
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16a.	WAS DECEASED EVER IN		designation of surgical	b. SOCIAL SECURITY	NO. 1	7. INFORMANT		•		Address	Washing	iton.D.(
	es (no or unknown)	der am	4	les		Virgini	ap. S.	611an	i. 1212	Monro	e St. 1	V 5
	18. CAUSE OF DEATH	(Enter only	one cause per line f	or (a), (b), and (c).)						APPROXI BETWEEN S	IMATE INTERVAL DINSET AND GEATH
	PART I, DEATH W	AS CAUSED E		Pul	411	a.c.		40	20-		. 2.	1.
	dest of	HUMENINIE		CONSEQUENCE OF		^		1				0
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	stating the underlyin	g conse	(c)	Contraction of		•						
	PART 2 OTHER-SIGNIF	ICANT CONDI		G TO DEATH BUT N	OT RELATE	D TO THE TERMINA	AL DISEASE OR	CONDITION G	IVEN IN PART 10	a)		
	ly o	71 2	- and	1-1	1 -			~1	- l. l.		nis	
CERTIFICATION	19a. DATE OF OPERATION	N 195. CO	NDITION FOR WHICH	OPERATION WAS P	ERFORMED	20a, AUT	OPSY?	206	IF YES, WERE	FINDINGS C	ONSIDERED IN C	ERTIFYING
2						YES	NO [CAL	JSES OF DEATH?			
CERT	210 ACCIDENT WAS U	NDERLYING	21b TIME OF IN	JURY	216	: HOW INJURY DO			niury in Port 1	or Port 2	Item 18 \	
ਭੋ	OR CONTRIBUTING		HOUR A.M. A	Month Day Year	ſ		(2110					
MEDICAL	(If either, notify medic 21d INJURY OCCURRE		P.M. ACE OF INJURY (AT		19 ICTORY 1 211	f. LOCATION Stre	et or PED No	, ,	City or Town		County	State
	While Not while	7 218. 7	WE OF HOURT (N	FICE BUILDING, ETC.	7 211	I. LOUGHTON STEP	WI UI K.F.D. NO		Lify OF TOWN		County	21018
	at work ot work _	- '	harata D	1 1 16 . 1	1.	61-17	C 10	A	1010	F GP 10	4E 4	/// / 1.1
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	22b. SIGNATURE		0	· · · · · ·						22c.	DATE SIGNED /	
	(tal	recl	(Your	ule	33 0	EGREE PHYS.		MED DIRECTOR [□ STAFF [□	2/9/4	04
	22d. PHYSICIAN'S NAME (Type)	Patric	ek Tamiso	n. M.D.		22e. ADI	DRESS 1768	Geo	rgra	Silv	el The	ugla
23a.	BURIAL, CREMATION,	23b. DA			CEMETERY	OR CREMATORY		23d. LOC	ATION (City or T	own)	(County)	(Stote)
	REMORALISOFTHIE		-1969			meteru		Rocke			onery	Md.
24(*	FUNERAL DIRECTOR	-C. 9	ten Carl	er ADDRES	Sit.	pr.Md.	2So. REC'D E	BY REGISTRA			SIGNATURE	i inch
We	Trues & Di	menha	940	8434 Gen			DATE FE	B 17	1969	flle	melan la	colex.



256 PREGISTRARY HIGHATURE

VR A15 (4) 30M REV, 1/68





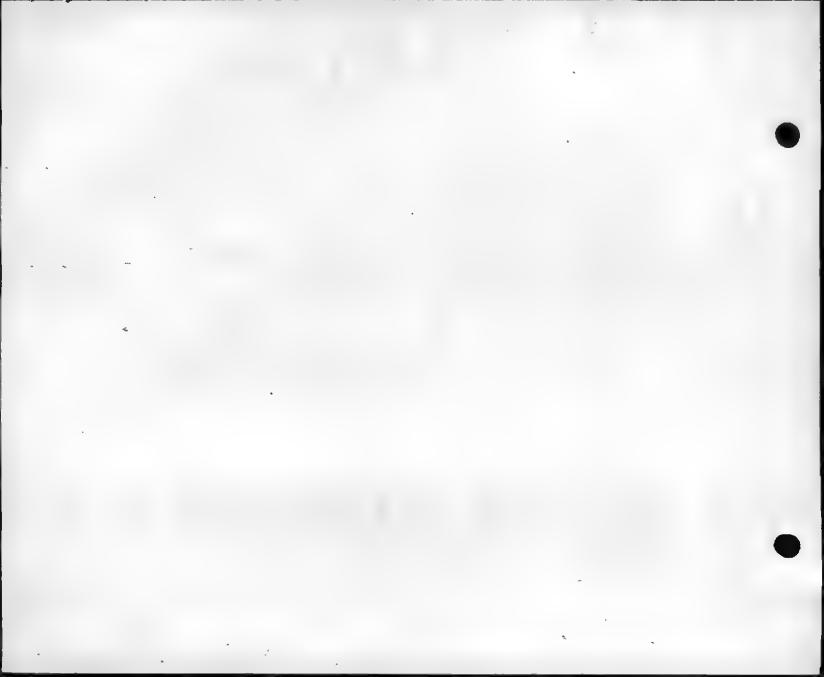


MARYLAND STATE DEPARTMENT OF HEALTH

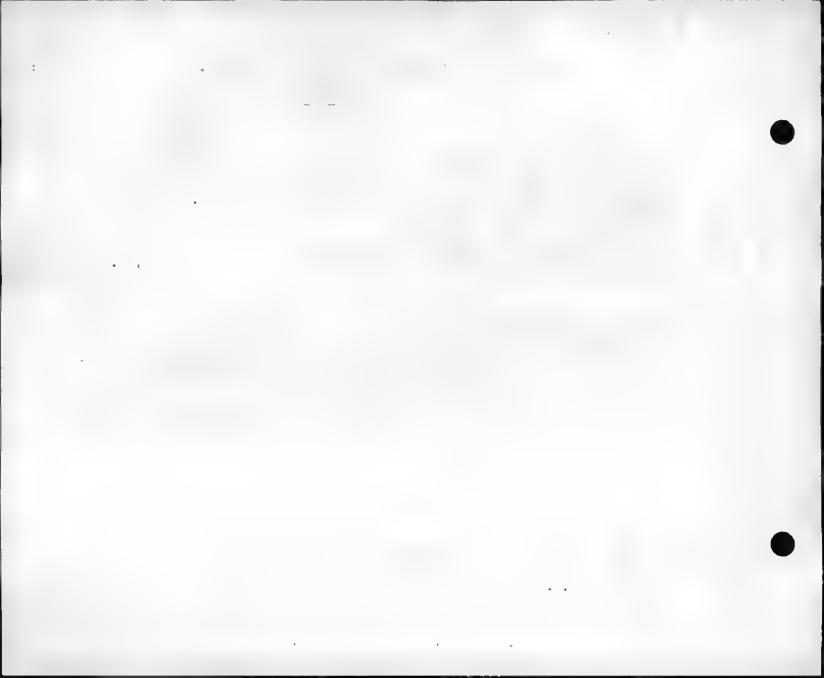


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0265 82662 CERTIFICATE OF DEATH DECEASED NAME First Middle 2a. DATE OF DEATH 2b. HOUR deoth. within 24 hours after death and 6 great (Type or print) 2 Month 20 Day the funeral >0 DEORGE omas 0 PM nd completely filled in by the fur event, within 72 hours after 3 SEX 4 RACE 6 AGE (In years last birthday) IF UNDER I YEAR F JNDER 24 HRS OAYS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED MONTGOMER nruland WIDOWED DiVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 2a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR INDUSTRY SALL SPE during working to every if serired) nd completely KomA Arrory 13a. USUAL RES DENCE (Where deceased lived, if institution, Residence before 13e. STREET AND NUMBER 13c CITY OR TOWN 136. INSIDE CITY LIMITS? executed admission) STATE YES IX 0708 NO buriol, cremation, or removal, and in any 14 FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First Middle Last FORGE O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be the ottending physician a sit permit. Then please Kemp Same 16g. WAS DECEASED EVER IN L 5 ARMED FORCES? 16b SOCIAL SECURITY NO Address Yes, no, or Linknown) (If yes give wat at dates of service) 220-12-317 APPROX.MATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c))
PART I DEATH WAS CAUSED BY BETWEEN ONSET AND GEATH IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave buriol-tronsit rise to immediate cause (a) signed by DUE TO OR AS A CONSEQUENCE OF physicion. stating the underlying cause CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(a) Page 4 may be retoined by the hospital or attending hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or OR CONTRIBUTING EAUSE OF DEATH HOUR A.M Month Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED (AT HOME FARM, STREET, FACTORY,) 21e PLACE OF INJURY 21f LOCATION Street or R.F.O. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 1/2 (G, 1964, to 201967, that (I) (we) last saw the deceased alive an 1967, and that in (my) (aur) opinion death occurred an the date and hour and from the causes stoted abave, (i) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE S GNED ATTENDING DEGREE DIRECTOR 22d PHYSICIAN S 22e ADDRESS NAME (Type) 23h DATE 23a. BUR AL, CREMAT ON 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State) REMOVAL (Specify) Pebruary Colesville Cemetery Maryland

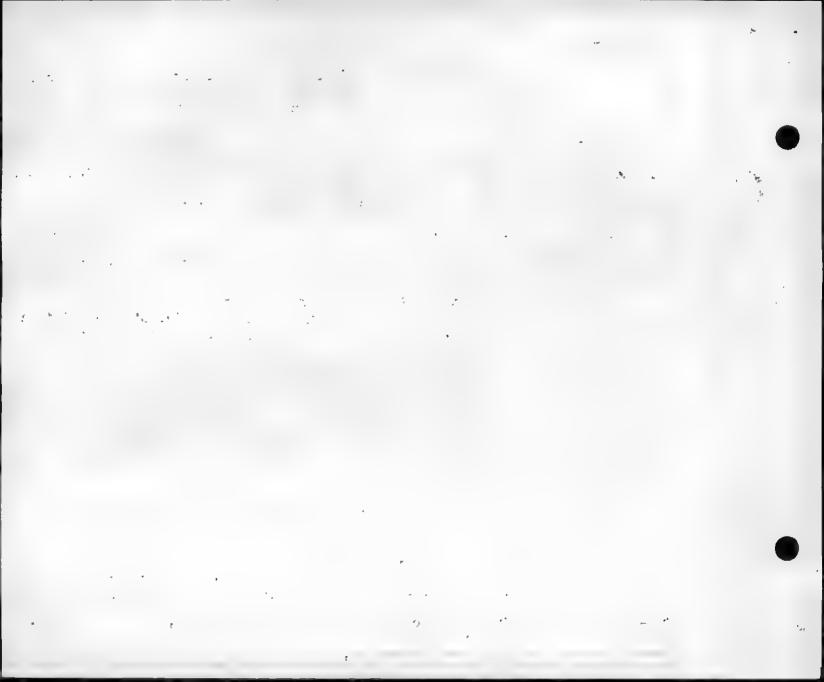
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 663 DIVISION OF VIT. Filmolilo 3/10/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02658 CERTIFICATE OF DEATH First Middle 1. DECEASED-NAME 20 DATE OF DEATH 2b. HOUR Month 28 Day 68 Year (Type or print) Vinson Montgomery Mullican Feb. 1:05a 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years) last bythday) HOURS Male White 3-12-78 and campletely filled in by remove carbon papers. By in any event, within 72 haur 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIEDXX KEVER MARRIED executed within 24 hou Maryland USA Montgomery WIDOWED [DIVORCED [] 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Montgomery General Hospital Farmer Olnev 30. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d HISIDE CITY LIMITS? 13b. COUNTY Montgomery odmission) STATE Maryland Gaithers burg 55 Box 59830 Rt.1 14 FATHERS NAME Middle 15. MOTHER'S MAIDEN NAME First First Last Last Mullican John requires that the death certificate be please physicien 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) (If yes give war or dates of service) 218-24-9845 Hospital Records Olney Md. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per Hine for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY BETWEEN ONSET AND DEAT uncardit 15 Chron IMMEDIATE CAUSE (a) signed by the burial-transit p Conditions, if any, which gave) rise to immediate cause (a), DUE TO, DR AS A CONSEQUENCE OF stating the underlying cause Ather osclevoses PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/(a) O FUNERAL DIRECTOR: After this certificate has been as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES 🗔 NO P. 210, ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) detached far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 238 PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town State County While Nat while at work 22a | certify that (1) (this haspital) attended the deceased fram 19.50, 19. ___. ta. , that (I) (we) last 196 9, and that in (my) (our) opinion death accurred on the date and hour and from the saw the deceased alive an Feb. 2-7 causes stated abave, (i) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED director, page 3 should be filed v DEGREE DIRECTOR PHYSICIAN S 22e. ADDRESS Dr.J.Schumacher NAME (Type) 230 BUR AL, CREMATION, BUT PENOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) St Rose. Gaithersburg John Registrar's SIGNATURE ME 25a. REC'D BY REGISTRAR Gartner ADDRES thersburg. VR A15 (1) DAMAR



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executed within 24 haurs after death	signed by the attending physicial and completely filled in by the funeral burial-transit permit. Then please remove carban papers. Pages I and burial, cremation, ar removal, and in any event, within 72 heurs after deat	2/	10. 4	Bethesda.	alte	11 NAME OF HOSPITAL OR INSTITU give street address) The Clinical (N (If not in hospitol lenter, NIH lenter, NIH lenter) 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)					Printing Co.	
þ	cart		13a	USUAL RESIDENCE (Where	leceosed lived, if institu	tion: Residence before	13c CITY	OR TOWN	3d. INSIDE CITY ET		TREET AND NUMBE				
- E	eve leve	79	odm	ssion) STATE Tennessee	138, COUNTY		Harr	iman	YES NO	P	.0. Box	376			
Ē	E E	4/		ATHER'S NAME First	Middle	Lost		1S. MOTHER'S M.	AIDEN NAME F	irst	Midd	dle		Last	
W.	-E- 2- C	3		Oscar	B.	Mull:	ins		Gla	dys			Morga	an	
te l	iah		160	WAS DECEASED EVER IN U.	S ARMED FORCES?	16b. SOCIAL SECURITY I	NO. 17	. INFORMANT .	etheso	a. Mar	yland Add	10.TH			
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requires that the death certificate by a physician.	Then Then			18. CAUSE OF DEATH (En	ter anly ane couse per l								APPROX A	MATE INTERVAL NSET AND DEATH	
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at e	e as prio		2					YES DO	NO 🗀	CAUSE	S OF DEATH?	les			
			CERT	21o. ACCIDENT WAS UND	RLYING 216 TIME C	OF INJURY	21c.	_			ury in Part 1 or P	art 2, Ite	em 1B.)		
PHYSICIAN: e hospital or	<u> </u>	물 물 다 or contributing cause of Death HOUR A.M. Month Day Year										,			
PHYSICIA:	this certifi letached Dept. af		MEDICAL	(If either, natify medical a 21d, INSURY OCCURRED	exominer) P.M.			LOCATION Stree	et or R.F.D. No.	Cut	y or Tawn		Caunty	Stote	
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led TEN	CTOR: A should ith the			causes stated a	bave,xtx (we) (did)	(abacanot) view the	bady afte	r death.	Tr(uoi) up	man acom	decoiled dil ii	iic dan	c dild ildəli	and nomine	
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FI OF	ERA F	/		NAME (Type) R	obert J. M	ason, M.D.		Inst	i tutes	of He	alth, Be	<u>athe</u>	sda. Ma	arvland	
10S	FUNERAL DIR director, page shauld be filed	1	230	BURIAL, CREMATION,	23b. DATE	23c NAME OF	CEMETERY (OR CREMATORY		23d LOCAT	ION (City or Town		(Caunty)	(State)	
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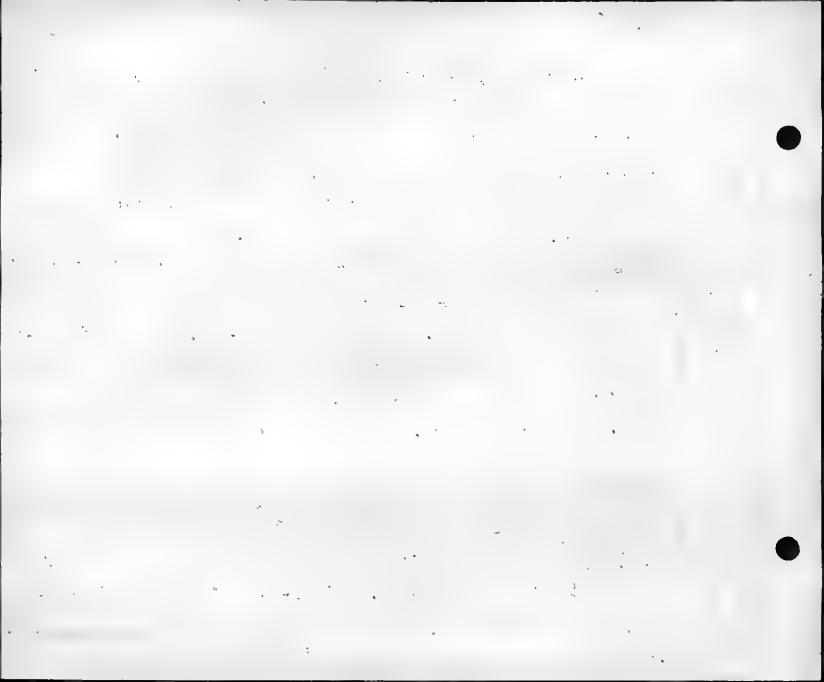


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DICAL EXAMINER: se execute the certi ector. Page 4 shauld ned far yaur files. RECTOR: Page 3 shau			death re	sulted fram:	Natural o	auses	, Accid	ent [X],	Suicide,	, Homici	de 💹,	Undete	rmined r	manner			
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o DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far yaur D FUNERAL DIRECTOR: Page	£ 2		EXAMINER'S NAME (Type)	John	G. B	a11				DDRESS(Stree				7 00	·/ / ,		
the the S m	Health 2	23a	BURIAL CREMA				23c NAME	OF CEMETERY	OR CREMATORY			LOCATION (* *	n)	(Caunty)	(St	ote)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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€22€		DECEASED-NAME First Middle Lost 20. DATE OF DEAT	
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美大量	3. 5	4. RACE S DATE OF BIRTH 6 A	GE (in years IF UNDER 1 YEAR IF JNDER 24 HRS is birthday) MONTHS DAYS HOURS MIN
s of the age	L	MALE WHILE 4-23-1093	7.5 YRS.
by P	70.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEAT	
24 hours ed in by pers. Pa		"NEW YORK U.J.A. WIBOWED DIVORCED 140N	TG-OMERY . Md
是一篇 44	10	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life a WASHINGTON SANITARIUM + CHIROPRAS	d of work dane 125. KIND OF BUSINESS OR INDUSTRY
pheraly corbor ent, wi	130	USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d IMSIDE (ITY LIMITS? 13e STREET /	- 708 AND NUMBER
the sand 7	adn	nissian) STATE WAS COUNTY WAS HINGTON YES NO 1401	
ond cam remove n any ev	14.	FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First	Middle Last
be n og	L	ALEXANDER NEIL LOUISA	OAKSFORD
certificate be g physicion or Then pleose rr movol, and in	160	(If you give war or dates of service) WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If you give war or dates of service) 17 INFORMANT 17 INFORMANT 18 INFORMANT 19 INFORMANT	Address 'N S. H. Talom Jah
phy pen novo	\vdash		APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter only one couse per line for (α), (b), and (ε).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
deo tenc rmit y, or	П	MMEDIATE CAUSE (a) PNEUMONIA	I WEEK
thot the death on. by the ottendin onsit permit. '	П	Conditions, if any, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove)	3 WEEKS
insit	Н	rise to immediate cause (a).	1) 20 EE K3
t cion		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF CAR EIN ON A OF RECTUM	UNKNOWN
hysi gne urio	ш	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN F	
req ng p nn si ne bi	_	TREESTICK OF 18700 MAIL	78.1 ·(a)
low bee s th ior	ATIO	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES,	WERE FINDINGS CONSIDERED IN CERTIFYING
atte pos se o de	CERTIFICATION	1-31-69 BOWEL OBSTRUCTION YES NOW CAUSES OF D	
AN: ol or cate for u	3	The reception of the control of the	Part 1 or Part 2, Item 18.)
記憶造造	MEDICA	(If either, notify medical examiner) P.M. 19	
HYS hos s ce ache ept.	Z	2 id. INJURY OCCURRED 21e. PLACE OF INJURY (AI HOME, FARM STREET, FACTORY) 21f. LOCATION Street or R.F.D. No City or To	own County State
주 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	П	at work at work	
be Store	П	220. I certify that (I) (the hospital) attended the deceased from 1-2/ , 1969, to 2-/	1967, that (I) (week lost
TEN Pred the	П	sow the deceased alive on 22/8 1969, and that in (my) (em) apinion deoth occur causes stated above, (I) (mi) (iii) (did not) view the bady after death.	rea on the dote ond floor ond from the
TA SECTION OF THE PROPERTY OF	1	22b SQUATURE	22r. DATE SIGNED
OR be r	1	DEGREE PHYS DIRECTOR PHY	Vs. □ 2-18-69
AL A	П	22d. PHYSICIAN'S NAME (Type) DWIG HT R SALITII 22e. ADDRESS NAME (Type)	RC AIR
O HOSPITAL Poge 4 moy O FUNERAL director, pag should be fi		JULGAT N. DMITA COUTERSAINE T	
HOSE 4 Soge 4 FUNE directol	23a	BURIAL (REMATION, REMOVAL (Specify) Durial 2/21/69 Ft. Lincoln Cemetery Prince	, the transfer of the transfer
5-5 , ,	24		Sb. Rickfrikt stellager
VR A15 (4)	1	The Hair Co) Co 1 11 TE CT NIN DATE	S. HIGHERT STORTES



BETWEEN ONSET AND GEATH

State

County

23d LOCATION (City or Town)

Lewistown, Pa

25b REGISTRAR'S SIGNATURE

1954 RECD BY REGISTRAR

DATE

Gemale 7a. BIRTHPLACE (State or foreign country) 10. CITY OR TOWN OF DEATH Jakoma Park 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 14 FATHER'S NAME Reverend John Thrush 160 WAS DECEASED EVER IN U.S ARMED FORCES? Yeshno or unknown) (It yes give war or dates of service Valter J. Nolte 1309 Dale Drive Sil. 579-60-2103 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Arteriosclerosis, generalized, severe 17 yrs. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO D YES 🗌 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f EOCATION Street of R.F.D. No. 21d. INJURY OCCURRED Oty or Town While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from <u>Dec. 3</u>, 19<u>51</u>, ta <u>Seb. 24</u>, 19<u>59</u>, that (I) (we) last saw the deceased alive on <u>Jeb. 23</u> and that in (my) (our) opinion deoth accurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22h, SIGNATURE ATTENDING C MED. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Mass. Ave., N. 1. Wash. D. C. 20008 George Dewey.

23c NAME OF CEMETERY OR CREMATORY

ADDRESS

Pumphrey. Inc. 8434 Georgia Avenue

Methodist Cemetery

Silver

TO FUNERAL DIRECTOR: After this certificate has been VR A15 (4)

23a BURIAL, CREMATION,

23b. DATE

director, page 3 should be detached for use as the should be filed with the State Dept of Health prior to

be retained by the hospital

certificate be executed within 24 hours after death

by the funeral

filled

physiolan

purior-transtripermit. Then please remove corbon papers:—Pages 1 and Sburiol, cremation, or removal, and in any event, within 72 hours after death

DECEASED-NAME

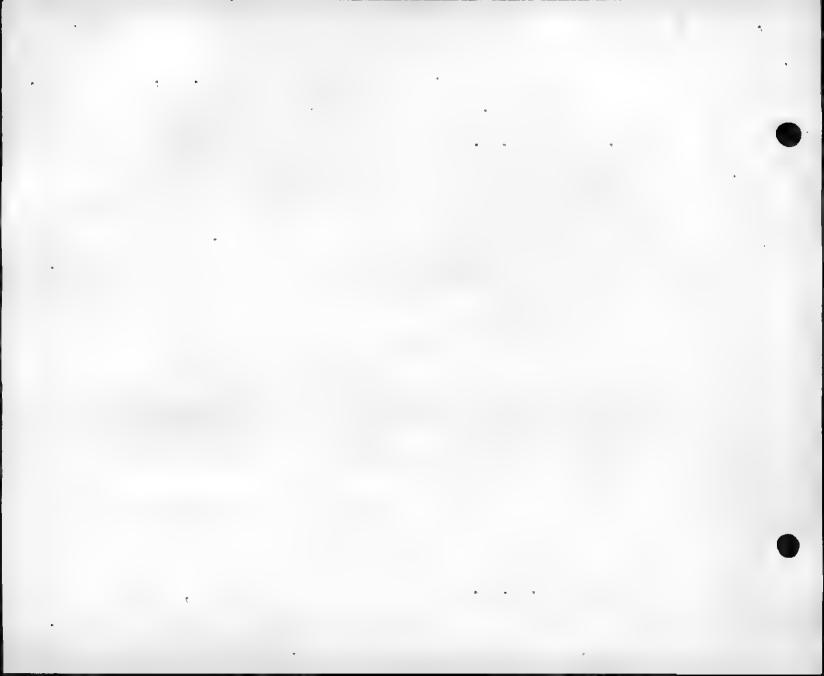
(Type or print)

3. SEX



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 82668 02663 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Last 2a. DATE OF DEATH and 2 death. ficence becauted within 24 hours after death. (Type or print) LEONARD E. NORTON Feb. 3 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR F JNDER 24 HRS last birthdoy) Male Cauc. Jan. 16, 1929 YRS burial, crematian, or removal, and in any event, within 72 hours and completely filled in by, 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country) Mass MARRIED NEVER MARRIED WIDOWED | DIVORCED [7] Montgomery 10. CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work dane give street oddress)
13420 Bartlett during most of working life, even if retired) Rockville None 130 USUAL RESIDENCE (Where deceased ived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b, COUNTY YES NO T 13420 Bartlett Street Rockville ontgomery 14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Last Roland Norton Marion G. HacGray 160. WAS DECEASED EVER IN U.S. ARMED FORCES? **16b. SOCIAL SECURITY NO** 17 INFORMANT Address Mother Yes, na, ar unknawn) NO (If yes give wor or dates of service) Same as Item 13. None Marion Norton APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED 8Y; IMMEDIATE CAUSE (a) Conditions, if any, which gave signed by the burial-tronsit p rise to immediate cause (a), Page 4 may be retained by the hospital or attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been be detached for use as the Stote Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES T NO 📈 21a. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Manth Day Year director, page 3 should be detache should be filed with the State Dept. 21d INJURY OCCURRED (AT HOME FARM STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while at work saw the deceased alive on Feli 1969, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated abave, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING ms DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS Adrian Street NAME (Type) C. K. 23a BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) REMOVA (Specify) West Peabody. 2-19-69 Puritan Lawn Cemetery 24 FUNERAL DIRECTOR VR A15 (4) PUMPHRLY, Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02664

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CEDTIFICATE OF DEATH

		040			EKIHITCA I	C OF DEATH				
		CEASED-NAME	First	Middle		Lost	20. DATE OF	DEATH Do	. Vone	2b. HOUR P
	(1)	pe or print)	Mary	Louise	Nutt	er	Fe	b. Month 6 Do	1969	11:40
	3. SE		ale	4 RACE Negro		ATE OF BIRTH /19/24		6. AGE (In years last hyphday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 NRS. HOURS MIN,
permit. Then please remove carbon papers. Pagess, o on, or removal, and in any event, within 72 hours after a		IRTHPLACE (Stote	e or foreign 71	b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED 🔀 N	EVER MARRIED DIVORCED	9. COUNTY OF Monta	death gome ry		Md.
		or town of Olney		11 NAME OF HOSPITAL OR INS give street oddress) Montgomery G	TITUTION (If not in eneral H			(Kind of work dane ife, even if retired.) Er	12b. KIND OF INDUSTRY ELECT	BUSINESS OR
1	13o admi	USUAL RESIDENC ssion) STATE	E (Where deceosed Maryland	lived, if institution: Residence before 13b. COUNTY Montgomery	13c. CITY OR TOW			EET AND NUMBER 704 Good 1	lope Roe	ıd
1	14 F	ATHER'S NAME	First Hen ry	Middle Lost Bosto		THERS MAIDEN NAME Effie	First	Middle		Lost
		WAS DECEASED es, no, or unknov	EVER IN U.S. ARMED vn) (If yes give word	O FORCES? or dates of service)		MANT Reco tgomery Ge		Address ospital. (
			EATH WAS CAUSED E	one cause per line for (a), (b), and (c). BY CAUSE (a)		HEXIA			DETWEEN	IMATE INTERVAL DISET AND DEATH
			iny, which gove)	DUE TO, OR AS A CONSEQUENCE OF	METAS	TASIS -	GENEE	PALIZED	Mo	UTHS.
			iote couse (o), derlying cause	DUE TO, OR AS A CONSEQUENCE OF	PARCI	NOHA	BREA	9-57	14	MONTH
			SIGNIFICANT CONDI	ITIONS CONTRIBUTING TO DEATH BUT NO		TERMINAL DISEASE OR	CONDITION GIVEN	I IN PART 1(a)		
~	CERTIFICATION	19a DATE OF OP		ONDITION FOR WHICH OPERATION WAS PE		20a. AUTOPSY? YES NO	CALISES	YES, WERE FINDINGS OF DEATH?	(ONSIDERED IN (ERTIFYING
1	MEDICAL CER	OR CONTR BUTT	WAS UNDERLYING IG CAUSE OF DEATH y medical examiner	HOUR A.M. Month Doy Year		NJURY OCCURRED (Ent	er nature af injur	y in Part 1 or Part 2,	Item 18.)	
		21d, INJURY O	CCURRED 21e PI	LACE OF INJURY (AT MOME, FARM STREET, FAC OFFICE BUILDING, ETC.				or Tawn	County	State
		saw th	e deceased aliv	haspital) attended the decease (e an	9 <u>69</u> , and th	at in (my) (aur) ap	67, ta <u>f</u> oinian death a	ccurred on the d	169_, tha ate and hour	t(1)(we) last and fram the
		226 SIGNATURE		E Que H	DEGREE	ATTENDING	MED DIRECTOR	STAFF PHYS	DATE SIGNED	69
i		22d. PHYSICIAN NAME (Typ	rs Donald	R. Lewis, M.D.		22e. ADDRESS 700 Clove		, Silver S		
j	23a.	BURIAL, CREMA REMOVAL (Spec	TION, 236 DA	17E 23c NAME OF GOOD	CEMETERY OR CREI	. Cem.	Cole	N (City ar Tawn) SVIIIe	(County) Mon	(State)
Q	24	FUNERAL DIRECT		ADDRESS	- B	250. RECO	By REGISTRAR 19	25b REGISTRAR	S SIGNATURE	ege

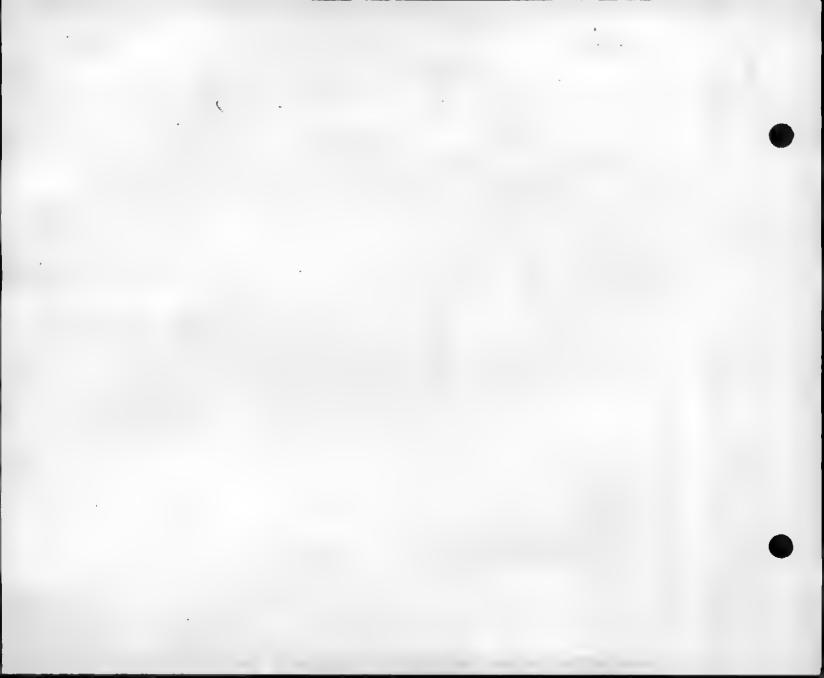
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar ottending physician.

Ж. 5 4

MARYLAND STATE DEPARTMENT OF HEALTH 02670 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02665 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH BEPT 1. DECEASED NAME 20. DATE KNOWN Yeor (Type or Print) ESTI-OF Page DEATH MATED TX and 3 t 6. AGE (In years F JNDER 24 HRS 3 SEX 4. RACE S DATE OF BIRTH 2c DATE PRONOUNCED DEAD HOUR last birthday) 76 CIT ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH with form WIDOWED | DIVORCED [Give Pages 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a JSJAL OCCUPATION (Kind of work done 12b KAND OF BUSINESS OR during mast of warking I fe, even if retired) INDUSTRY NEWS 6ug 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 3e STREET AND NUMBER 35 COUNTY haurs Item] l and 2 14. FATHER'S NAME M.ddle Last haurs shauld be farwarded to the Chief Medical Examiner's 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO (Yes_np_or unknown) File APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) burial-transit permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: my ocardial IMMEDIATE CAUSE (a). DUE TO, OR AS A PONSEQUENCE OF (b) Coronas y Occlusion
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise ta immediate cause (a), This certificate shauld the certificate, writing the word stating the underlying cause Arterio-Scierosis-Ξ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 nseq 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 📝 NO | 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day Year 21c HOW INIJRY OCCURRED (Enter nature of injury in Port 1 or Part 2, Irem 18.) DIRECTOR: Page 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M DICAL EXAMINER: P.M. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF IN, JRY (At hame, farm, street, 21f LOCATION Street at R.F.D. Na. City or Town County State factory, affice building, etc.) WHILE NOT WHILE AT WORK necessary, please execute 22a | certify that I took charge of the remains described above, held an | Autopsy | Inquiry X Inspection X and in my apinian the tuneral director Natural causes X death resulted fram: Accident | Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may O FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) BUR AL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REGISTRAR VR ATSME (5) 10M REV 1768



			MARYLA	ND STATE D	EPARTMENT OF H	HEALTH	
		00088	DIVISION OF VITAL RECORD	S, 301 W. PRE	STON STREET, BALT	IMORE, MARYLAND 212	01
· ·		02671		CERTIFICA	TE OF DEATH		02666
€ A 2¥	1. D	ECEASED-NAME First Type or print)	Middle		Last	2g. DATE OF DEATH	26 HOUR
8 4 6 8		/////	EGARET M.		161e	7EB. Month	7°07 609 525
Te Te	3. \$	X	4 RACE	5	DATE OF BIRTH	6 AGE (n year last bathday)	S FUNDER FLAR IF UNDER 24 HRS MONTHS DAYS HOURS MAIN
y the Poges ors aft	_	FEMALE	Wisitz		11-30-18	9 19	YRS MONTHS DAYS HOURS MAIN
within 24 haurs after the system of the syst	(00	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF DEATH	
filled filled thin 77	10	LEEL BALO CITY OR TOWN OF DEATH ,	11 NAME OF HOSPITAL OR	A		AL OCCUPATION (K of work	done 12b KIND OF BUSINESS OR
bon figure 1	/	BETHESDA	give street oddrese	urban	duting me	ost of working life, even if retu	
Page 4 may be retained by the hospital or attending physician. Funeral DIRECTOR: After this certificate has been signed by the ottending physician physicia	Loom	USUAL RESIDENCE (Where deceos iss an) STATE	sed lived, if institution Residence befor	e 13c CITY OR TO	VES I NO		R AVE
remo (and Co		FATHER S NAME First	Middle Last		NOTHER'S MAIDEN NAME FI	- UU 1 . ~ y	ile Lost
		DENNIS	LEAH		MARY		Dunn
e death certificate by other ding physicion permit. Then please on, or removal, and		. WAS DECEASED EVER IN U.S. ARA 'es, no, ar unknown) (If yes give w	WED FORCES? 16b SOCIAL SECURIT	YNO. 17 INFO	DRMANT	Addr	
phy phy nen nova	-		21/34 4	393 W/	LLIAM (19	9/6- 304-	SAME APPROXIMATE INTERVAL
ding cert		PART I. DEATH WAS CAUSED	ily ane cause per line for (a) (b) and (())	1. 8.	/	BETWEEN ONSET AND DEATH
dea tren rmil		LL 10 1 IMMEDIA	ATE CAUSE (a)	or vaccus	cor answer	age	4 days
the o		Canditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF	relardi.	andin vare	ula disease	Unknown
that in. by t ons rem		rise to immediate couse (a), (stating the underlying couse (DUE TO, OR AS A CONSEQUENCE C		2000		
sicio sicio al-fr		last.	(c)				
requires that they go physician. I signed by the burial-tronsir is burial, cremating			NOTIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO TO	HE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(0)	
ow Idin beer the	TON.	- A	CONDITION FOR WHICH OPERATION WAS	DEDEUDMEN	20a. AUTOPSY?	OUP TE ALE MARINE ESPILIA	NGS CONSIDERED IN CERTIFYING
The low ratending attending hos been se as the th prior to	CERTIFICATION	The same of the sa	CONTON TOK MILLION EKANON WAS	EKIOKNED	YES NO NO	CAUSES OF DEATH?	NGS CONSIDERED IN CERTIFFING
AN: of or or or deal		216. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT		21c. HOW	INJURY OCCURRED (Enter	nature of injury in Part 1 or Pa	ort 2, Item 18.)
SICI.	MEDICAL	(If either, natify medical exomin	ner) P.M.	19			
Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician. Grinctor, page 3 should be detached for use as the bunal-tronsit permit. Then pleas should be filed with the State Dept. of Health prior to burial, cremation, or removal, and	×	21d INJURY OCCURRED 21e While Not white at wark at wark	PLACE OF INJURY (AT HOME FARM STREET, OFFICE BUILDING ETC.	FACTORY) 21F LOCA	TION Street at R.F.D. Na.	City or Tawn	County State
by there be Stot		22a. I certify that (I) (He	re hospital) attended the decea	sed frama	m 1962, 19	, to2/26	, 19 <u>69</u> , that (I) (we) las
ned ned the the	L	saw the deceased al	live an 2/26 e, (I) (we) (dw) (did nat) view the	_17 6_7 _, and the bady after dea	hat in (my) (aur) apii ith	nian death accurred an th	e date and have and from the
A Parision		22b. SIGNATURE	21.1.121	o way arror ao			22c DATE SIGNED
OR be r DIRE			ranco // c	- DEGREE	ATTENDING MI PHYS. DI	ED. RECTOR PHYS.	2/27/69
May SAL Poc		22d. PHYSICIAN'S NAME (Type)	U		22e. ADDRESS	4	
OSP INER CTOT, uld I	92.		DATE 1 100 Chief	court at	THAT CONT	1 1 1	
= 2 = 3 = 1 = 1 = 1	230.	BURIAL (Specify) 236 [DATE 23c NAME D	nJ. 11	EMATORY	27d, COCATION (C ty or Town)	(County) (State)
W	24	FUNERAL EURECTORY	ADDRES		/ 25a RECIDES	REGISTRAR 256 ZEGIST	RAR S SIGNATURE.
VIII 415 (4) 45 M 4 / 69		X/lethur 1	Vallor 1 1254 Ca	wall al	VC2 250 RECDE	B & 8 1969	linely Judge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02667 DECEASED NAME Middle 2b HOUR Lost 20. DATE OF DEATH low requires that the death certificate be executed within 24 hours after death. (Type or print) ERAL Month 4. RACE DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR lost bythdoy) HOURS 7o BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED ottending physician and completely filled in permit. Then please remove carbon papers MONTGOMER WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR give street address)
WHSHINGTON INDUSTRY 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e. STREET AND NUMBER 13c CITY OR TOWN 13d INSIDE CITY LIM TS? burial, cremation, or removol, and in any eve 8012 MAPLE MONTBOMERY TAKOMA PARK 14 FATHER'S NAME M ddle Lost IS MOTHER'S MAIDEN NAME First Middle Lost IVER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) RECORDS APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), BETWEEN ONSET AND CEATH signed by the ottendir buriol transit permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove? rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending has been d for use os the of Heolth prior to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO 🔲 TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (if either, notify medical examiner) be detoched director, page 3 should be detoche shauld be filed with the State Dept 21d INLURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street of R F.D. No. City or Town County Stote White Not while at work 220. I certify that (I) (this hospital) attended the deceased fram 1/201, 1930, to 4, 1969, that (I) (we) last saw the deceased alive on 1969, and that in (my) (aur) opinian death occurred an the date and hour and from the couses stated above, (1) (we) (did) (did nat) view the body after death. 22b SIGNATURE DIRECTOR PHYS CIAN S NAME (Type) 230 BURIAL CREMATION (Stote) VR A15 (4) 45M 1/69



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02668 CERTIFICATE OF DEATH 1 DECEASED-NAME First Last Middle 2g. DATE OF DEATH 2b HOUR (Type or print) Linden iver 3. SEX 4. RACE S DATE OF BIRTHY 6. AGE (In years IF UNDER 1 YEAR F JNDER 24 HRS. last birthyay) MONTHS I HOURS 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED . NEVER MARRIED 9 COUNTY OF DEATH signed by the attending physician and completely filled in burial-transit permit. Then please remave carban papers washington, D.C. Montgomery WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in bospital 12a USUAL OCCUPAT ON (Kind of work done 12b. KIND OF BUS NESS OR grye street oddress) Pater NSQ. Home during most of working life, even if retired Rockville IND. STRY 13a. USUAL RESIDENCE (Where deceased lived, if institut an: Residence before 13c. CITY OR TOWN event, NSIDE CITY LIMITS? requires that the death certificate be executed admission) STATE 13b. COUNTY 3 Pookes Hill Rd. Montgomery YES NO 🗌 and in any 14 FATHER S NAME IS. MOTHER'S MAIDEN NAME First First M ddle Last Middle Hoffman Allen 17 INFORMANT William H. Pattison 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 577-07-5470 7242 Wisensin Ave. Yes, no, or unknown) [(If yes give wor or dates of service) ar remayal, Bethesda, Md. APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Canditians, if any, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the priar ta t Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? of far use of Health p YES 🗀 210 ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21a. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 211 LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark at wark t 22a. I **certify** that (I) (this hospital) attended the deceased from Jaw 2, 1967, to Jaw 24, 1969, that (I) (we) last saw the deceased alive an Jaw 20, 1969, and that in (my) (our) apinion death accurred on the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. page 3 shauld be filed with the S 22b SIGNATURE 22c DATE SIGNED ATTENDING STAFF PHYS director, page 3 shauld be filed DEGREE PHYS DIRECTOR 22d. PHYSIC AN'S NAME (Type) 23a BUR AL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) (County) Crettle tellorety) 2/25/1969 Cedar Hill Crematory Suitland. Md. 1331 Rockymirke Pike 25g REC D BY REGISTRAR DATE FEB 2 8 24 FLINERAL DIRECTOR 25b. REGISTRAR'S SIGNATUR



82674

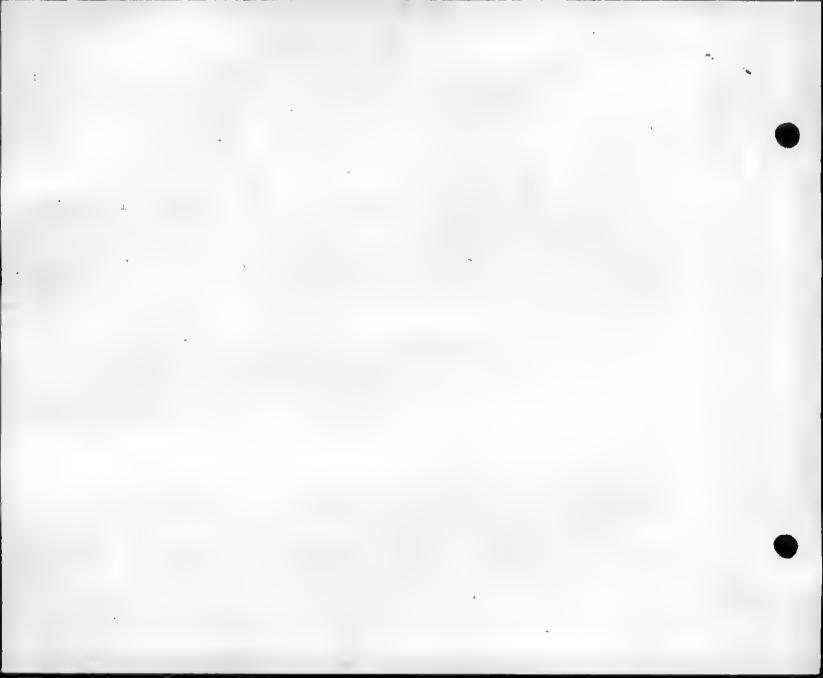
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

0	2	6	6	9
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			`	4-1/11/14	1712 VI	DECLI					
	ECEASED NAME First Type or print)		Middle		Lost		20 DATE OF	DEATH	V		₽ HOUR
	JOHN		NMN	ORC	IAN		Febru		⁷ 1969°°		2:55
3 5		4. RACE			S DATE OF B			6 AGE (In years	MONTHS GAY		NDER 24 HRS
_	MALE	WHITE			May 1	.7, 189	5	last býrthdoy) YRS.	MONINS ON	HUU	NC2 INSIN
70 row	BIRTHPLACE (State or foreign 7 ntry)	'b CITIZEN OF WHAT	COUNTRY?	8 MARRIED	X NEVER MAI	RRIED 🗍	9. COUNTY OF	DEATH			
		American		WIDOWED [RCED 🔲	Montgo	mery			Mo
10 (CITY OR TOWN OF DEATH	11 NAM	E OF HOSPITAL OR INS	STITUTION (if n	ot in hospital	12o USU.	AL OCCUPATION	(Kind of work done	125 KIND (F BUSII	NESS OR
	Takoma Park	Was	et address) hington S	an.& H	ospita	ıl o"G8₩	ALL MOLE	life, even if retired)	INDUSTRY		
13a odm	USUAL RESIDENCE (Where deceased ission) STATE	likved, if institution	. Residence before	13c. City OR	TOWN	13d. INSTOE CITY L		REET AND NUMBER			
-	Maryland	Montgome:	ry	Burto	nsvill	eYES TY N	146	01 01d Co	Lumbia	Pik	(e)
14.	FATHER'S NAME First	Middie	-ost	15	MOTHER'S M	AIDEN NAME F	ers?	Middle		Lo	tat
	John		Oroian			Flore		UNKHOW			
	. WAS DECEASED EVER IN U.S. ARMEI	D FORCES?	6 SOCIAL SECURITY	NO. 17. II	NFORMANT			ion Joff No 1	E. CTRUI	AN	
	none		213-42-85	15-4	Hospit	al Kec	ord & S	on 2211 FA	IRLAND P	p. 5.	-5. Mb
	18. CAUSE OF DEATH (Enter only	one couse per line				4			APPRE	KIMATE II ONSET A	HTERVAL
	PART E DEATH WAS CAUSED IMMEDIATE	E (AUSE (o)	eselo,	1al -	Thron	u 600	es				
	4123	DUE TO, OR AS /	A CONSEQUENCE OF		,		10				
	Conditions, if any, which gove)	(b) AV	terios	clesio	7:6	Hea	MID	7Sea32			
	stoting the underlying couse	DUE TO, OR AS	A CONSEQUENCE OF								-
	lost.	(c)									
	PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUT N	G TO DEATH BUT N			L DISEASE ORG	ONDITION GIVE	N IN PART 1(o)			
NO	Chroc	110 42	5 fouch	nit i	2 ~						
CERTIFICATION	190. DATE OF OPERATION 195. CO	INDITION FOR WHICH	OPERATION WAS PE	RFORMED	20a. AUTO	PSY?		YES, WERE FINDINGS (ONSIDERED IN	CERTIFY	/ING
RIE					YES 🗌			OF DEATH?			
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	F . 0 . 11111 6. (1)	Manth Day Year	21c. HC	W INJURY DO	CURRED (Enter	r nature of inju	ry in Part 1 ar Part 2,	Item 18.)		
MEDICAL	(If either, natify medical examine	r) P.M.	19								
2	21d A. JRY OCCURRED 21e. Pl	LACE OF INJURY (AT	HOME FARM, STREET, FAC FICE BUILDING, ETC	TORY.) 21f LO	CATION Street	et or R.F.D. No.	City	or Town	County		State
	While Not while at work										
	22a. I certify that (I) (this	haspital) attend	ded the decease	ed fram	アント	, 19,2	es, to.	reb 24, 19	67 , the	ıt (I)	(we) las
	saw the deceased ally couses stated abave,	le on feete	d nat) view the	y (27, and	i that in (m leath	ıy) (aur) apı	mon death (accurred on the do	ote and hou	rand	tram the
	22b SIGNATURE	9	//	WE	2_			220	DATE SIGNED		
	122m/6	1	22/1/1	- DEGRI	ATTENDII F PHYS		RECTOR	STAFF DHYS	2015	24	196
	22d PHYSICIAN S		4/6			PRESS ZZZ	40 Sa	may Sa	ring/	21	1/6
	NAME (Type) JOSEI	PH SMITH.	M.D.			B	in ton	slike	wild.	,	*
230	BURIAL, CREMATION, 23b. DA		23c NAME OF	CEMETERY OR	REMATORY		23d LOCATIO	IN (City or Town)	(County)	(51	ate)
1	3 MOVAL (Secify) FER	26.1910	1 FORT L	I NCOL N	CEME	STERY	COLMA	. I.A	MARYL		
24	FUNERAL DIRECTOR	B 0	ADDRESS		,	25a. REC D B		25b REGISTRAR S			
U	V.M.CHAWREK?	(o. KII	VERDAL	E, /Y	177)	DATE 3	6 198	9 Policere	Fa. Oand		

IO NOTITAL OR ATTINDING PRYTICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by director, page 3 should be detoched for use as the burial-tronsit permit. New please remove corbon papers. Progresshould be filed with the State Dept. of Health prior to burial, crematian, or remove; and in any event, within 72 hours. Page 4 may be retained by the haspital ar attending physician. VR A 45M



MARYLAND STATE DEPARTMENT OF HEALTH

	S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
82675 CERTIFICAT	E OF DEATH 02670
1. PLACE OF DEATH B. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Montgomery	a. STATE Md. b. COUNTY Montgomery
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and the nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
CHEVY CHASE MD.	CHEVY CHASE MD.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
8516 Aragon Lane	8516 Aragon Lane YES NO 🛭
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Amelia	Orphanos DEATH February 6 1969
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR FUNDER 24 HRS. Months Days Hours Min.
Female white WIDOWED X DIVORCED	UNKNOWN /8 yrs.
10a, USUAL OCCUPATION (GIVE kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
housewife	Greece U. J.
DEMETRIUS FORAKIS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	L VANGELINE (UNKNOWN) INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	
	onstance Beahny 2 a, b, c, d above
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Bronchapane	imania Ladays!
Conditions, if any, which \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2 0
gave rise to immediate	racture 1 wit
cause (a), stating the DUE TO Congress (c)	Time by to Ukapt Deserge over 5400
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN INPART 1(2) 19. WAS AUTOPSY
Heneralis of and archal and	PERFORMED? YES NO 🔀
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	SURRED. (Enter nature of Injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI 202. ACCIDENT WAS UNDERLING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PI Hour a.m. p.m. 19 While at work at work	ory, street, office bidg., etc.)
21. I certify that (I) (this-hospital) attended the deceased from	Jan 1948, to +e66, 1969, that (1) (we) last
	at death occurred at 10 32M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING STAFF D 22b. DATE SIGNED
	D. PHYS. DIRECTOR PHYS. 1 7266, 1767
22c. PHYSICIAN'S NAME (Type) Louis H. SHUMAN	1635 mass. ave. n.w. Wash. D. C. 20036
23a. PURIAL, CREMATION, 23b. DATE THEREOF 23cg NAME OF CEMETER	Y OR CREMATORY 23% LOCATION (City, town or county) (State)
SUCIAL 10 FEB. 1969 CEDAR HILL	BLADENTBURG MD.
	. W. W. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
77 7700	DATE B 1 1 1969 Clientes Judge

VR A15 (4) 15M 4-64

TO HOSPITAL



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AND DESCRIPTION OF THE PARTY OF	00	675 DIVISIO						YLAND 21201		02673	Fig. 1
FOR STATE	UÆ	0 1 1	MEDI	CAL EXAM	INER'S C	ERTIFICATE	OF DEAT	Н		- 10 0 4 3	
HEALTH DEPT.	1. DECEASED	NAME Firs	st	M. dd	ė	Lost		20 DATE KNOW		Day Year	25 HOUR
of ge	(Type or	Print) RAM	ON / DO	MAN ¥	0.	OVANI	20	OF ESTI DEATH MATE		00 100	
> m o =	3. SEX	4. RACE	S. DATE OF B	A4 8 8 8 1	6 AGE (in years	F JNDER 1 YEAR	IE UNDER 24 HRS			20 1%	
defe		1			(ost berthday)	MONTHS DAYS	HOURS MI	ZE OMIL INDITE		Year co	2d HOUR
Iny delo 2, ond PM3 P	Male		ite 8/9/					6	<i>දි</i> හ	''169	9:05A
		ACE (State or foreign	76 CITIZEN OF W	HAT COUNTRY?	8. MA	RRIED 🛣 NEVER M/	ARRIED 🔲 🧗 9 (DUNTY OF DEATH			
	country) 1	1exico	U.S.A.		WID	OMED DIA	ORCED 🔲 🛮 M	ontgomery	r		Md
oages ith for	10. CITY OR	TOWN OF DEATH				l (If nat in haspita	12e USUAL	OCCUPATION (Kind	of work dane	126. KIND OF BU	SINESS OR
death	Silve	r Spring	give	oly Cros	s Hosn	ital		t af warking life, e		INDUSTRY	
ng ng h ti		RESIDENCE (Where decea					3d. BNS-DE CITY JM-157	ler - ret			
30/5	adm ssion	STATE land	13b COUNTY	TO THE CONTRACT OF THE PARTY	\$17.	-	YES - NO -			ty Blvd.	W SSE
S 2 2 .					7-41	Sprg.					
If the state of th	14 FATHER'S	NAME FIRST	Midd	ile .	Last ·	15"MOTHER'S MA			Middle	lo	\$1
2 5 2 2		John		Ovano			So1	idad		0sio	
hin ncil is niness hours		EASED EVER IN U.S. ARMED		16b. SOCIAL SECU	RITY NO.	7 INFORMANT			ODRESS		
on on 2	No	r unknawn) (If yes goo	e war er dates of service)	129-26-2	2494	_Alice M	. Ovando	Same a	as #13		
	18. C	AUSE OF DEATH (Enter or	nly one couse per	lume and fall fall or	ndP(c).)	-			0.0	* APPROXIMA	
d be executed d "pending" in Chief Medical E fronsit permit. F y event within	10. 4	PART I. DEATH WAS CALSE	D BY	100,	0	more	M D . 1	Inn.	11///	BETWEEN DISS	1 ANU DEATH
e execute pending" ef Medical nsit permit	11	IGEMMI C	IATE CAUSE (a)	(A)	ICC OF	e cora	val 3	74000	JAKE.	Cam	4
be e "pen nief A nnsit even	Condit	/		AS A CONSEQUEN	VICE UF	1	- 1-KI	0 V	(I/I,I)	0.0	1
		immediate cause (a),	(b) <u>C</u>	Cocou	000	unon	VC /X	Lac.	- vocace	AURU	21
		the underlying cause	DUE 10, C	OR AS A CONSEQUE	ACF OF						
s certificate should be e e, writing the word "per forwarded to the Chief I used as a burial-transit emoval, and in any ever	<u>last</u>		(c)								
ertificate sh writing the warded to t sed as a bur loval, and in	PART 2	OTHER SIGNIFICANT COND	DITIONS CONTRIBU	ITING TO DEATH BU	T NOT RELATED	TO THE TERMINAL	DISEASE OR COND.	TION GIVEN IN PART	l(a)		
ifica ting irde os	Z										
is certific te, writin forward te used a removal,	190 D/	TE OF OPERATION		196. CONDITION		RATION				20 AUTOP:	Y?
his date, e for be u	폴			WAS PERFO	RMED?					YES	NO
the page of the pa		TERNAL CAUSE WAS	21b. TIME O	F INJURY Month, Do	y Year	IL HOW INJURY O	CCURRED (Enter n	oture of injury in Po	et 1 pr Part 2,	tem 18 }	7-3
	PRIMA CAUSE 21d .N	RY [] OR CONTRIBUTING [OF DEATH		A.M P.M.	19						
Sho	21d N			(At home, form, st		If LOCATION Street	or R F D. No.	City or Tow	·n	County	State
XAMINER: te the certifie to the should your files. oge 3 shou	WHIL	F NOT WHILE - fo	actory, office build	ing, etc.)	,			0.17 01 707		,	31010
	AT WD								-		
ICAL E executor. Po ed for CTOR: burnel,		22a I certify that I i	-	- A- A	scribed gbay	e, held an Auto	apsy 🔲,	Inspection 🔀,	Inquiry 🕽	ond in r	ny apintan
but the e	d	eath resulted from:	Natural co	uses 🔀 🔿 🗚	ciden ,	Suicide,	Hamicide E], Undetermi	ned manner		
9 9 E & C		11/20		11/1/	/	/ CH	IEF MEDICAL EXAM	MINER			
	ACTU	ATURE DELLE	Ken,	1Cdil	Las	AD AS	SISTANT MEDICAL I	XAM-NER	22b DAT	SIGNED	
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o DEPUTY necessary, p the funeral 5 may be re 5 moy be re Health prio		(Type) /56//	DEN/	Y. AT	CAPI	4.0 6	PRESENTATION, MIN	Toyphor county)	all	ROIT	767
necessal the fune 5 moy b to FUNE Health	23o BURIA	, CREMATION, 236	DATE	23c NAA	WE OF CEMETERY	OR CREMATORY	12	3d LOCAT ON (City	or Town)	(County) (State)
	REMON	AL (Specify)	26.60		/			' '		,	3.2.01
	Buri 24 FUNERA		2-24-69		e of He		2So REC D BY	Silver	b. REGISTRAR	Md .	
VR ATSME (5)	Franc	Come I AVV	500	O Univers	sity R1	vd. W.	DATE B 2			San Ored	1.00
10M REV. 1/68		75 4. COIII	ns Si	lver Spri	ing, Md	•	TUATE 1 D 2	- 1000	7		



necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. (Giver aggs 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the false that the false.

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Tand 2 with the State Del

Health prior to burial, cremation, or removal and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

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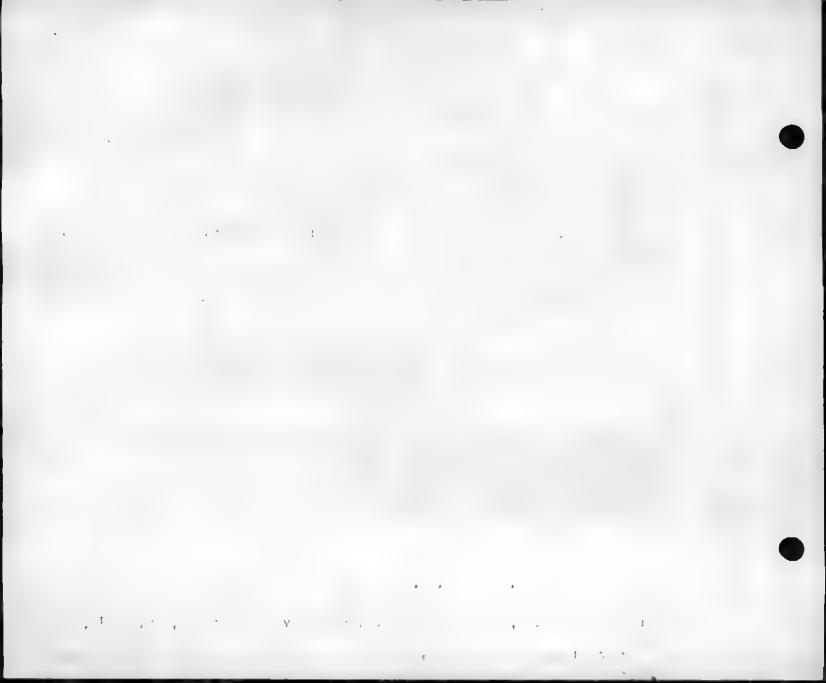
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02672

	11201	3	MEDICAL	. EXAMINE	R'S CI	RTIFICAT	E OF DE	ATH		,	~
	ECEASED NAME	First		M ddle		Lost		20. DATE KN	OWN X Month	Doy Year	2b HOUR
1	Type or Print)	WHITT	15	0		Out	ENS	OF ES		24 19%	9 5 FM
3 S	EX 4	4. RACE	S DATE OF BIRTH	6 AG	E (In years	IF UNDER I YEAR	IF LNDER	24 HRS 2c DATE PRO	NOUNCED DEAD		2d HOUR
		YVHITE	4/9/9	C Test	birthdoy) YRS.	MONTHS DAY	HOURS	Min Month	Doy.	Year 196	8 8 AM
	BIRTHPLACE (Stote	or foreign 7b	CITIZEN OF WHAT O	OUNTRY?	8. MAI	RRIED NEVER	MARRIED 🔲	9. COUNTY OF DEATI	i .		
caun	MARY.	LAND	4.5.A		WIDO	OMED X D	IVORCED [MONT	GOMER	4	Md
10. (CITY OR TOWN OF		give stree	OF HOSPITAL OR IN		(If not in hospi		SUAL OCCUPATION (Kir most of working life, MOLESE WI	even if retired.)		SINESS OR
	USUAL RESIDENCE	(Where deceased	lived, if institution	· Residence before	- 60 - 41 - 5		13d IMSIDE CITY				
2	dmission) STAJE	NA	13b COUNTY - 9.6	mercy	RUCK	VILLE	YES 🔲 N	1180.	9 Tim	SER L	PNE
-	ATHER'S NAME	First	Middle	Lost		15. MOTHER'S J	AAIDEN NAME	First	Middle	to	st
	JAME	6 W.	74	ompsoN		GEORG	ANA XI	ERREXXNX		HERBERT	
		R IN U.S. ARMED FOR	RCES? .6b	SOCIAL SECURITY N	10 1	7. INFORMANT	- 4		ADDRESS		
U	fes, na, ar unknawn	(If yes give wer	r or dates of service)		1	PUTH L	Boric H.	AUS- DAUG	THTER -	SAM	E
	18. CAUSE OF	DEATH (Enter anly	one cause per line f)	_				APPROXIMA BETWEEN ONSI	
	PART I. DE	ATH WAS CAUSED B	BY: CAUSE (a)	COTAL	ars	I Z179	U-ff10	ency Ac	ute		
	49, 36	7		A CONSEQUENCE OF	- /			/			
1		y, which gave	(b)	Corel	50 V	2300	105 1	Diseese	_	yea!	S.
	rise to immedia stoting the und		DUE TO, OR AS	A CONSEQUENCE OF		······································					
	lost)	(c)								
	PART 2. OTHER SE	GNIFICANT CONDITI	ONS CONTRIBUTING	TO DEATH BUT NOT	RELATED	TO THE TERMINA	DISEASE OR	CONDITION GIVEN IN PA	RT 1(a)		
CERTIFICATION	190. DATE OF OP	ERATION	196	. CONDITION FOR V		RATION				20. AUTOP	SY?
I				WAS PERFORMED	,					YES [NO 💢
		CONTRIBUTING [HOUR A.M.	IRY Month, Day, Yea	2	TC HOW INJURY	OCCURRED (En	nter nature of injury in	Port 1 or Part 2, I	tem 18)	
MEDICAL	CAUSE OF DEATH		P.M. ACE OF INJURY (At he	19	2	1f. LOCATION Stre	of or P.E.D. Ma	City or T	David D	Caunty	State
1	WHILE MOT AT WORK AT	1 1 1	ry, affice building, e		2	II. LOCATION SIN	Per OF K.F.D. NO	City or i	uwii	County	21816
	22o. l c	ertify that I too	k charge of the r	emgins describe	ed obove	e, held on Au	topsy 🔲	Inspection X	, Inquiry 🛚	ond in r	пу оринол
	deoth res	ulted from:	Notural couses	, Acciden	t 🔲,	Suicide 🔲	, Homicio	de 🔲, Undeterr	nined monner		
1		0 0	0	7 00			HIEF MEDICAL	EXAMINER			
	ACTUAL SIGNATURE	John	~ 20. /	sall		M.D	ASS STANT MED	PCAL EXAMINER	22b DATE		
	EXAMINER'S	O lass	DALL	M D			DEPUTY MEDICA	AL EXAMINER 🔀-	Fa	624,19	69
	NAME (Type)		N G. BALL	. M. D.			ADDRESS(Street	t, city, town, or county)			
	BURIAL, CREMAT — REMOVAL (Specify	v1				OR CREMATORY		23d LOCATION (C	y or Tawn)	(Caunty)	State)
	BURIAL (Specif		.27, 1969			RT CEME		Bushwoo	D. ST.MA	RY 6 MAP	YLAND
24	CLARKE	R		ADDR			2Sa RECT	0 0 0	25b REGISTRAR S		
7.	N	ATTINGLE	Y LEONAR	DTOWN, A	ARYL	AND	DATE	B 2 6 1959	ychian	the Jack	ac.

5 moy be retained for your files

TO DEPUTY



(Type ar 3. SEX

70 BIRTHP country) 10. CITY OF

13a USUAL odmissian) 14 FATHER

16a WAS Yes, no 1B.

MARYLAND STATE DEPARTMENT OF HEALTH

02678		. 301 W. PRESTON STREET, BA CERTIFICATE OF DEATH		02673
CEASED-NAME First ppe or print) Mary	Frances	Pace	2a. DATE OF DEATH Manth / 3 Da	169 Year 240 pm
1. 12771. (1.	4. RACE Le hete-	S. DATE OF BIRTH	6. AGE (in years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS CLAYS HOURS MIN.
IRTHPLACE (State or foreign try)	7b. CTIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH	icky Md.
ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN give street address)	7 H1115 /V-131 cx	SUAL OCCUPATION (Kind of work dane mast of warking ife, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
ision) STATE /L/d,	ed lived, if institution. Residence before 13b. COUNTY Monte, conservations		NO□ 33501 / Kusta	nik Count
Joseph	Pairbair	15. MOTHER'S MAIDEN NAME	First Mars He	Lost Lost
	IED FORCES? 16b SOCIAL SECURITY 3 6 8 3 4 4	NO. 17. INFORMANT PACE	SAME AS # 13	
PART I. DEATH WAS CAUSED	y ane cause per line for (a), (b), and (c). BY OTE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	uble brain	Some	APPROXIMATE INTERVAL BETWEEN GINSET AND DEATH
Canditians, if any, which gave rise to immed ate cause (a), stating the underlying cause fast	DUE TO, OR AS A CONSEQUENCE OF	Ortan	S. September	3425
PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART I(o)	- / -

PART

CERTIFICATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES NO 🔽

ATTENDING PHYS

22e. ADDRESS

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M Month Day Year P.M If either, nat.fy medical examiner)

19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY,) OFFICE BUILDING, ETC. 21e. PLACE OF INJURY

21f. LOCATION Street or R.F.D. No.

City or Town

County State

While Nat while at wark

sow the deceased alive on causes stated above, (I) (w

19a, DATE OF OPERATION

22a. I certify that (I) (this hospital) attended the deceased from live

1969, and that in (my) (our) opinion death occurred on the date and hour and from the (we) (did) (did not) view the body after death.

DEGREE

MED DIRECTOR

22c. DATE SIGNED STAFF

22d. PHYSICIAN S NAME (Type) 23a BURIAL, CREMATION

22b. SIGNATUR

23b. DATE

NAME OF CEMETERY OR CREMATORY

23d LOCATION (City of Town)

(County) (State) D

REMOVAL (Specify) FUNERAL DIRECTOR

FEB 19

REGISTRAR'S SIGNATURE

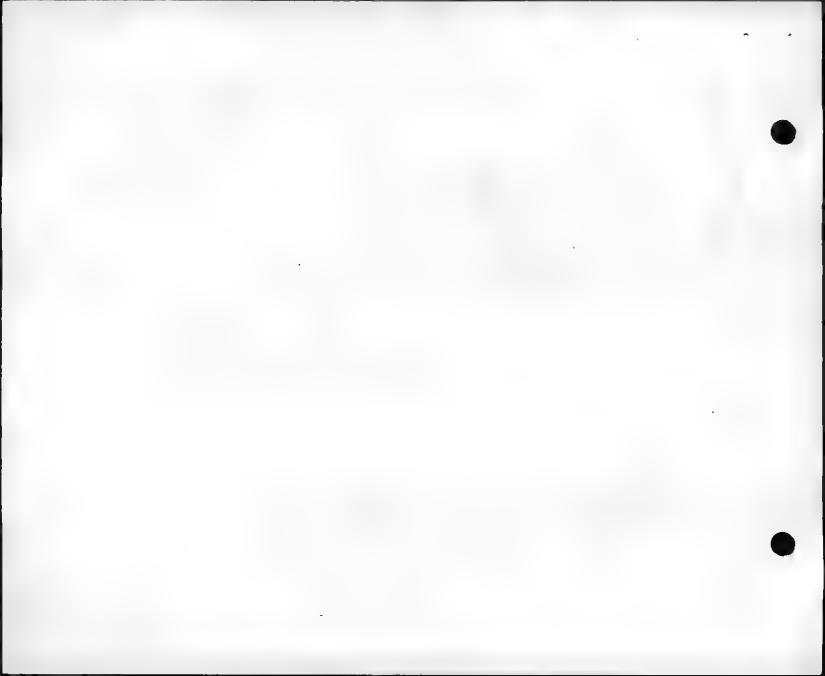
TLAND

VR A15 (-)

O HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with most found after death

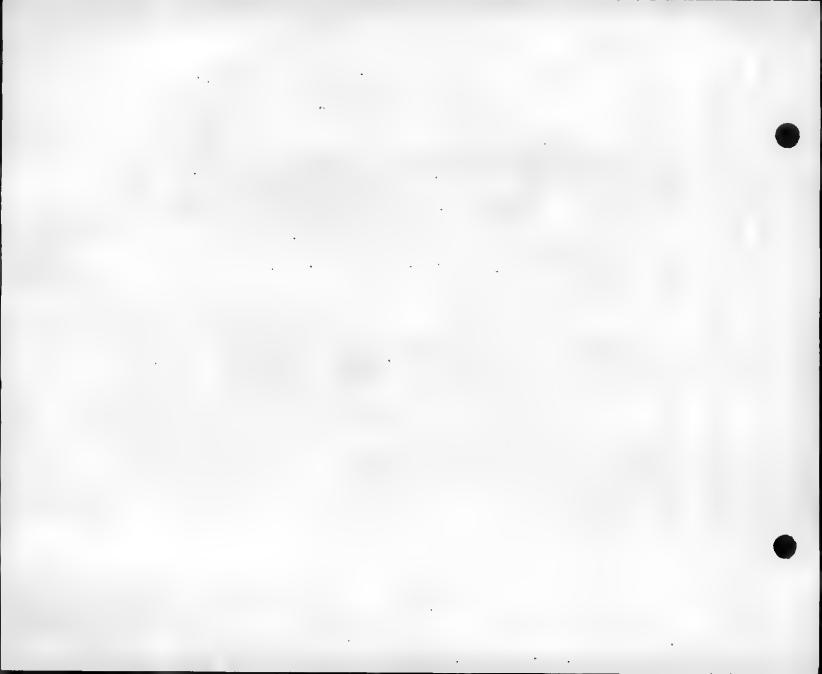
Page 4 may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the Editector, page 3 should be detached for use os the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after



	lt.		LAND STATE DEPARTMENT OF HE		
	L	02679 DIVISION OF VITAL RECO	RDS, 301 W. PRESTON STREET, BALTIA	NORE, MARYLAND 21201	1 50 10 PV 1
14		0201	CERTIFICATE OF DEATH	U	2674
- 7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		ASED-NAME First Middle	Last	2a. DATE OF DEATH	2b. HOUR
er death. funeral and 2	1	e or print) Lilliam MARY f	ATRICK	2 Month 20 Day 6	9 Year 9:40 F. M
by the fundance of the fundanc	3. S	emale CAUCASIA	S. DATE OF BIRTH 3-28-18		UNCER I YEAR IF UNCER 24 HRS. HTHS DAYS HOURS AMN.
	70. cou		MORKIED NEVER MARKIED	Mostgonery	Co. Md.
	10	Y OR TOWN OF DEATH 11 NAME OF HOSPITAL give street address) DRING MI	OR INSTITUT ON (If not in bospital Set 1/2 ON OR TOWN AS 1/2 Home Or INSTITUT ON (If not in bospital duping mos AS 1/2 Home Or INSTITUT ON (If not in bospital duping mos	OCCUPATION (Kind of work done it af working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 stained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled should be detached for use as the burial-transit permit. Then please remove carbon paper in the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 7		SUAL RESIDENCE (Where deceosed lived, if institution: Residence E	Defore 13c CITY OR TOWN 13d INSIDECTE INN WASH, WETON YES NO	126 STATES MAIN MOMBER	ST N.W.
and commerce remove	14	THER S NAME First Middle	Lost IS. MOTHER'S MAIDEN NAME Firs	it was	Last
be n ar	L		LER SULIA	MELVOY-THE	
equires that the death certificate be exphysician. signed by the attending physician and burial-transit permit. Then please remburial, crematian, or removal, and in an	lóo	VAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or dates of service)		Address C-6236 UTAH AVE	A company to fine at the
Physen Poval			0-1611 GERCY GATRICK	(-6236 UTAH MVE,	APPROXIMATE INTERVAL
rem Tem	П	 CAUSE OF DEATH (Enter only one cause per line for (a), (b), a PART I, DEATH WAS CAUSED BY: 	***		BETWEEN ONSET AND DEATH
deat tend mit.	1	IMMEDIATE CAUSE (a)	-hopheumonia		2 days
he at per	1	Onditions, if any, which gave	Eloral Artery Throm.		5 days
nat i I. The Insite		ise to immediate couse (a), (b)		<u>663/3</u>	Jungs
t cigar d by -tro	П		ebral Arteria sclera	5/5	years
phys igne uria	L	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH		NDITION GIVEN IN PART I(a)	
ng F	z				
IYSICIAN: The law renterplated at attending 1 certificate has been siched far use as the tent. The Health priar table.	CERTIFICATION	96. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 1	WAS PERFORMED 20α. AUTOPSY?	20b. IF YES, WERE FINDINGS CONS	IDERED IN CERTIFYING
S age of ()	IEE		YES NO 🔀	CAUSES OF DEATH?	
Lar Lar cate or u		To. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day		nature of injury in Part 1 or Part 2, Item	18.)
pite after after	MEDICAL	If either, notify medical examiner) P.M.	19		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been durectar, page 3 should be detached for use as the shauld be filed with the State Dept. af Health priar ta	W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, ST While Not while 1 work of fice building, i		,	ounty State
ING by t fter fter be c State	П	22a. I certify that (I) (this hospital) attended the desaw the deceased alive on Feb. 20	eceased fram Dec 12 , 196	7 , to Feb 2-0 , 196	2, that (I) (we) last
R: A		causes stated above, (I) (we) (did) (did not) view	w the bady after death.	tan death accurred on the date	and havr and tram the
OR ATTENDIN be retained by DIRECTOR: After pt 3 shauld be ed with the Stat	П	22b SIGNATURE		22c, DATI	E SIGNED
OR Per A		Robert 3 Hazell	MD DEGREE PHYS DIR	D STAFF PHYS. Fe	6,20,1969
O HOSPITAL OR Page 4 may be r O FUNERAL DIRE directar, page 3 shauld be filed w		2d. PHYSICIAN'S Robert B. Havell	MD 22e. ADDRESS 55/6 Ne	braska Ave - D	·
lost UNE settar	230		ME OF CEMELERY OR CREMATORY		County) (State)
O HOS Page 4 O FUN directs	í	PEMOVAL (Spacefu)	CK CREEK CEM.	WASHINGTO	N.D.C.
VR A15 (4)	24.	UNERAL DIRECTOR AL	DDRESS 2S0 REC'D BY	REGISTRAR 25b. REGISTRAR'S SIG	WATUR
30M REV. 1768	15	S. GAWLER'S SONS, SIBOWIS	TON X O DATE FEB	26 1969 Juliane	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1





19-1 1	MARYLAND STATE DEPARTMENT OF HEALTH	
EOD STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 32687 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2678
HEALTH DEPT.	THE CO.	
MEALIN DEFT.	(Type or Print)	4 4 65
5 A 13	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (in years) IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	1967 12 A HOUR
9 3 2 7	MALE. W. Fish 15 1897 The MONTHS DAYS HOURS MIN MONTHS DON	Year 169 135
J, 2, m P	70. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
	COUNTRY CERMANY USA WIDOWED DIVORCED Montgomercy	M
after deoth slang with for with the State		KIND OF BUSINESS OR
T 3/2 T	DIBURBAN TTOSPITAL Salesman	Insila Price
s offe 18 Gi 18 Gi	130 USUAL RESIDENCE (Where deceosed ved, if institut on Residence before 13c CITY OR TOWN 133, INSIDE CITY ON TS? 13e STREET AND NUMBER Odmission) STATE 13b SYNTY TO A COLOR OF THE STATE	PD
hours after 11em 18 G Office alan 1 and 2 with	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	my na
	DAVIA. PETAL SARA SARA	ppl. C
hin 24 ncil in niner's pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 100, 100, 100, 100, 100, 100, 100, 100	219
s certificate should be executed within 24 e, writing the ward 'pending'' in pencil in forwarded to the Chief Medical Examiner's used as a burial-transit permit. File pages emaval, and in any event within 72 hours	(Yes, no, or unknown). Why give war or doles of service) 578-16-9717-A WHEA KETIAL- SAME	:,-/3€
hin hin	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I DEATH WAS CAUSED BY.	APPROXIMATE INTERVAL BETWEEN DISSET AND DEATH
be executed 'pending'' in iief Medicol E insit permit. F event within	PART I DEATH WAS CAUSED BY. COTO nary Insufficency Acute	Budden .
f M fent	Conditions, if any, which gove) DUE TO, OR AS A CONSEQUENCE OF	11
d be d 't Chie rrans	rise to immediate couse (a), (b)	yeors.
should be en ward is per on the Chief I burral-transit I in ony ever	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
e sho the v to the burn d in	(c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
This certificate inote, writing this be forwarded to do be used as a bor or remayal, and		
his certificate of writing of forwar	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF NIJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of mijury in Part L or Part 2, them	20. AUTOPSY?
ote, to rem	WAS PERFORMED?	YES NO X
후 호 중	210 EXTERNAL CAUSE WAS 21b TIME OF NULRY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, frem HOUR A.M.	18)
INER: e certif should files. 3 should afion,	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH PM 19 21d INJURY OCCURRED 21e, PLACE DF INLLRY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town Company of the contribution of the con	County State
= 8 11 6	White Not white At work At work	21016
L EX ecut Pog or y R.P.	220 I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry .	ond in my opinion
DEPUTY SOLD EXAM ressory, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page solth prior to buriol, cren	death resulted from: Natural causes A. Accident , Suicide , Homicide , Undetermined monner	. , ,
leos direc tair DIRE	CHIEF MEDICAL EXAMINER	
TY, pleose eral direct be retain RAL DIRE	ACTUAL SIGNATURE DATE SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SIGN	
DEPUT Scessory ie fune may b FUNER		7,1969
TO DEPUTY PLODICA INC. To DEPUTY Please ex necessory, please ex the funeral director. S may be retained for FUNERAL DIRECTO Health prior to bur	NAME (Type) ADDRESS (Street, city, town, or county) 230 BURIAL CREMATION 23b DATE / 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Town) (Co	- 1
E	230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Gity of Town) (Co REMOVAL (Specify) 2/11/69 MT. LEBANON Cem. Hyattsville Md.	unty) (State)
MA	24 FUNERAL DIRECTOR BERNARD, DANZANSMY JOARDRESS. 250 RECD BY REGISTRAR 256 REGISTRARS SIGN	
VR A15ME (5) 10M REV 1768	3501-14th Str. W. Wast. B.C DATE FEB 1 3 1969 Williams	an Used as
11-1		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02682 02677 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH HOUR 2b. The law requires that the death certificate be executed within 24 hours after death. Month 5 - Day (Type or pnnt) 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years last_birthday) IF UNDER I YEAR 1F JNDER 24 HRS MONTHS HOURS 10 signed by the attending physicion ord completely filled in by its burial-transit permit. Then please nemover corbon papers, tag burial, cremation, or remavol, and in any event, within 72 hours 7a BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🕅 NEVER MARRIED 🦳 country) U.S WIDOWED DIVORCED [10 CITY, OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 20 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working tie, even if retired. give street address) INDUSTRY PYIV 13e. STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased fived) if institution. Residence before 13c CMY OR TOWN 13d INSIDE CITY LIMITS? COUNTY 14 FATHER S' NAME MOTHER'S MAIDEN NAME First Middle Middle Lost ONIE 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Yes, no, or unknown) 165-10-2535 LONTE APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause Iseudomonas PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 Poge 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗔 YES 🗔 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Manth Day HOUR A.M. Year (If either, natify med cal examiner) P.M. (AT HOME FARM, STREET, FACTORY,) OFFICE BUILDING, ETC. 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R F D No. City or Town County State While Nat while at wark ATTENDING 22a. I certify that (I) (this hospital) attended the deceased from 25 fm , 1969, to 5 fth , 1969, that (I) (we) last saw the deceased alive an 1969, and that in (my) (our) apinion death accurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) 4500 Colley 23c NAME OF CEMETERY OR CREMATORY 23a. BURYAL, CREMATION (County) VR A15 (4) 30M REV, 1/68 DATE



17. 1	Ιt	em 19b Film 4	LO 3-2-69 MAKTLANI	U SIAIE VEPAKIMENI UF I	HEALIN	nnnn		
		02683	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02673					
		CEASED-NAME First ype or print) Eugene	Middle LeRoy	Powell Jr.	2a. DATE OF DEATH Month February	25. HOUR A		
	3. SE		4 RACE White	S. DATE OF BIRTH 9 May 190	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS HONFHS DAYS HOURS MIN		
	cour		b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED X NEVER MARRIED WIDOWED DEVORCED	9. COUNTY OF DEATH Montgomery	Md		
4	10. 0	ITY OR TOWN OF DEATH Bethesda		inical Center during m	AL DCCUPATION (Kind of work dane last of work ng l.fe, even if retired) Farmer	126. KIND OF BUSINESS OR INDUSTRY		
11	13a, adm	USUAL RESIDENCE (Where deceased soon) STATE Carolina	lived, if institution, Residence before 13b. COUNTY	13c. CITY OR TOWN 13d. INSIDE CITY IN THE TABLE IN THE TA	LIMITS? 33e STREET AND NUMBER	Street		
	14.	ATHER'S NAME First Eugene	Middle Lost LeRoy Powell		lle	Bethea		
	16a. Y	WAS DECEASED EVER IN U.S. ARMEI es, no er unknown) (II yes give war		BLE The Clinical C	ical Record Address enter, NIH, Bethes			
		PART I. DEATH WAS CAUSED IMMEDIATE Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) Acute myel DUE TO, OR AS A CONSEQUENCE OF (c)	per GI hemorrhage ocytic leukemia	CONDITION CHICK IN DADT 1/45	APPROX MATE INTERVAL BETWIEN ONSET AND OLATH 8 Hours 26 / Months		
1	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY? YES 📉 NO	20b IF YES, WERE FINDINGS CON	5		
	MEDICAL (OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine)	HOUR A.M. Month Day Year P.M 19		· · ·	County State		
		at wark at wark 22a. I certify that XIX (this saw the deceased align couses stated abave,		od from 9 Jan. , 19 9 9, ond that in (70) (our) op bady after death.	69, to 7 Feb. , 19 6 inion death occurred on the dote	59, that (1) (we) lasse and hour and from the		
/		22d. PHYS CIAN'S NAME (Type) Brian	ndiff M.D. w. Goodell, M. I	22e. ADDRESSTING	MED STAFF Z 22c. DI DIRECTOR D STAFF Z 7 Fe Clinical Center, 1 s of Health, Bether	ATE SIGNED Sebruary 1969 National Sda, Md. 2001		
-		BURIAL, CREMATION, 23b. DA REMOVAL (Specify) 2/	10/1969 23c, NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town) DILLON SOU T	(Carry ROLL (State)		
S8	24	FUNERAL DIRECTOR WILLS	mm. HypotADDRESS	Wash, O.C. 250 RECD DATE FE	BY REGISTRAR 256. REGISTRAR'S S	GNATURE GLASSE.		

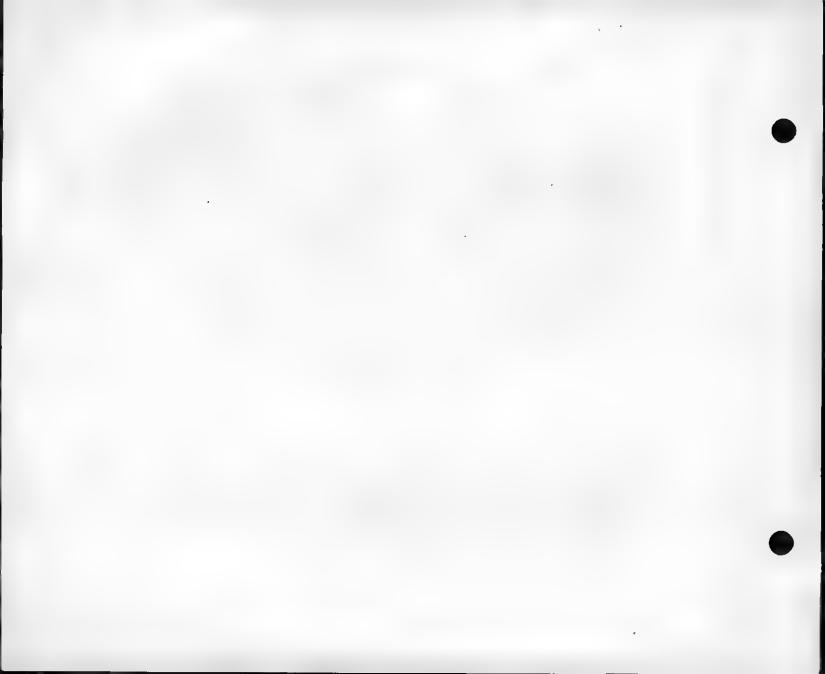
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02679 CERTIFICATE OF DEATH DECEASED-NAME First Middle 1ost 20. DATE OF DEATH death, 2b. HOUR vertificate be executed within 24 haurs-effer death pup (Type or print) Thorsh Orin Powers 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF LINDER + YEAR IF MINDER 24 HRS last_birthdoy) MONTHS DAYS White June 19, 1890 hours 7o. 8IRTHPLACE (State or foreign 7b CIT.ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED XX NEVER MARRIED country) Illinois signed by the ottending physician and campletely filled in bur al-transit permit. Then please remave carban papers. burial, crematian, or remaval, and in any event, within 72 h U.S.A. Montgomery DIVORCED F 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito) 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of warking life, even if retired) Silver Spring rotessor 130. USUAL RES DENCE (Where deceased ived if institution Residence before 113c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY HARTS? 136 COUNTY Montgomery odmission) STATE 13700 Carlisle Court 14. FATHER S NAME First Middle Middle Lost 15 MOTHER'S MAIDEN NAME First 9. John Nancu Irwin Powers 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes no, or unknown) Carlisle Court. John Powers 13700 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) death PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to b as the has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO N detached far use te Dept, af Health TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF CEATH HOUR AM. Month Doy Year (If either, notify medical examiner) State Dept. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No City or Town State County While Not while of work 22a I certify that (1) (this haspital) attended the deceased fram. eased from______, 1965, ta_____, 1969, that (1) (we) last ___1969, and that in(my) (aur) apinian death occurred on the date and have and from the 2-15 saw the deceased alive an..... refumed causes stated abave (1) (we) (44) (did nat) view the body after death. 22h SIGNATURE 22c DATE SIGNED ATTENDING STAFF director, page 3 shauld be filed v PHYS DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) 11602 Georgia Avenue. Silver Spring Morris Perry. 23c NAME OF CEMETERY OR CREMATORY 23b DATE 230 BUR AL CREMATION, 23d LOCATION (City or Town) (County) Rock Creek Cemetery Washington, ADDRESSIL Spr. Md. VR A15 (4) Pumphrey, Inc. 8434 Georgia Avenue DATE



					MARYLAN	D STATE DE	PARTMENT OF	HEALTH	•		
2-			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
New			02685			CERTIFICAT	TE OF DEATH			026	80
£ _2∉			CEASED-NAME First		Middle		Lost	20. DATE OF	DEATH		2b. HOUR
be executed within 24 haurs after death, and completely filled in by the funeral in any event, within 72 hours after death,		(1)	(pe or print) Sala	h F		Prat	her	2	Month 3	ay 6 year	
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a de Siciona de la			WAS DECEASED EVER IN U.S. ARM is, no, or unknown) (If yes give we	ED FORCES? 16b or or dictes of service)	o. SOCIAL SECURITY I			.1 0-	11 Address	a Twood	LANE
The law requires that the death dertificate be executed within 24 haurs after deat natending physician. The attending physician and completely filled in by the funeral se as the burial-transit permit. Then please remave carbon papers. Pages I and the priar to burial, crematian, or remaval, and in any event, within 72 hours after deat		-				MRO	Celestins	HeBRO	N - Rock	G / I I E	ALMATE INTERVAL
		Н	 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED 		or (o), (b), and (c)	Lan.	C .			BETWEEN	ONSET AND DEATH
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			4267	DUE TO, OR AS A	CONSEQUENCE OF	L 1	14:	A.,		J	/
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PHYSICIAN; le haspital ar his certificate stached far u Dept af Heal		l ≅ l	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. N	lanth Day Year	,			.,	-,	
G PHYSIC the haspi this certi detached		MED	21d. IN. JRY OCCURRED 216.		HOME FARM, STREET, FAC	TORY, 1 21f LOCAT	TON Street at R.F.D. N	o. City	ar Town	Caunty	State
PH his betace			While Nat while at wark	OFF	ICE BUYLDING, ETC.	/		,			
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E S S S S S S S S S S S S S S S S S S S			causes stated above	, (I) (we) (did) (did	not) view the	body after dea	ith.	/	1 00	netr cours	
OR A be reto SIRECT SIR		П	22b. SIGNATURE	00	Ť	40 DEGREE	ATTENDING DHYS	MED.	STAFF	C. DATE SIGNED	2
ITAL OR ATTENI may be retained RAL DIRECTOR: A Page 3 should be filed with the			22d PHYSICIAN'S	6 (One	es custor .	PID. DEGREE	PHYS 22e. ADDRESS	DIRECTOR 🖵	PHYS.	7 5 /0)	
May May RAL			NAME (Type) A46) G. G.	PAZIANI	1	1010/	GEORGIA	D. N. Walas	E S.	5, nd.
TO HOSPITAL Page 4 may O FUNERAL I director, page shauld be fil	4	230	BURIAL, CREMATION 23b D			CEMETERY OR CRE	MATORY	23d LOCATI	ON (City or Town)	(Caunty)	(State)
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DECEASED-NAME

(Type or print)

7o. BIRTHPLACE (Stote or foreign

First

TO OR CONTRIBUTING TO CAUSE OF DEATH

21d. INJURY OCCURRED

While Nat while at work

NAME (Type)

22b. SIGNATURE

(If either, notify medical examiner)

saw the deceased alive an_

10_LITY OR TOWN OF DEATH

14. FATHER'S NAME

Yes, na. ar unknown)

ond 2

filled in by the funerol

we member

remd ond in ony

removal,

50

physician and

signed by the burial-tronsit

the the

for

O FUNERAL DIRECTOR: After this certificate has been

be retained by the hospital

requires that the death certificate be executed within 24 hours after death

19a. DATE OF OPERATION 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

21e. PLACE OF INJURY

HOUR A.M.

22a. I certify that (1) (this haspital) attended the deceased from...

P.M

Lawrence Marcus, M. D.

Month Day Year

YES TE

(AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.

DEGREE

21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

City or Town County

Stote

and that in (my) (aur) opinion death accurred on the date and haur and from the couses stated above, (1) (we) (did) (did nat) view the body after deoth. 22c. DAJE SIGNED ATTENDING MED. DIRECTOR

> 1111 Spring St. Silver 23d. LOCATION (City or Town) (County)

23c. NAME OF CEMETERY OR CREMATOR) 23a. BURIAL, CREMATION 23b. DATE

2Sa. REC'D BY REGISTRAR

22e. ADDRESS

10N 25b. REGISTRAR'S SIGNATUR

director, should b

-1184 X TETHEODIERY SIKE SPENIS HOW COUS HOSS Engine ten & Mille Parks Mill Rd. Established Street Carlo noidesiloeme guenomio The transfer of the property of the state of medical court of the file BAISE 2-7-69 MT Zila Com MT SIL SIL SA

. DECEASED-NAME executed within 24 hours after death affer death attending plysicient and campletely filled in by the Toneral Dermit. Then please Jemave carban papers. Pages 1 and 3. SEX 72 haurs country) within

First 2a. DATE OF DEATH (Type or print) . Month 058 UZ20 te b 4. RACE S. DATE OF BIRTH 6. AGE (In years whi last birthday) 10 55 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Montgome DIVORCED [WIDOWED [IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dan during most of working life even if retired.)
Device Edic, Instruction give street oddress EDUC, INSTRUCTOR 13g. USUAL RESIDENCE (Where deceased lived. if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE YES 🗸 NO 12805 Rockville Pay to lan 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME NCENTO ANNIZZO 16a. WAS DECEASED EVER Yes, 40 ar unknown) ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address (If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUT 19a. DATE OF OPERATION 19b. CONDITION OR WHICH 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO F

remayal, and in any event, law requires that the death certificate be permit. 6 crematian, 神 signed by the burial-transit p physician. burial, attending priar to has been ‡ use as for use be retained by the haspital or O FUNERAL DIRECTOR: After this certificate 4 be detached Dept. State ATTENDING shauld director, page 3 shauld shauld be filed with the Page 4 may b

MFDICAL

at work

Dov P.M. (If either, natify medical examiner) 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No.

saw the deceased alive an 2/5 19 37, and that causes stated abave, (1) (wa) (did nat) view the bady after death

Month

216. TIME OF INJURY

HOUR A.M.

22a. I certify that (I) (this haspital) attended the deceased from saw the deceased glive an 2 3 19

PHYS:771 D

22e. ADDRESS

10/5

21c. HOW INJURY OCCURRED

(Enter noture of injury in Port 1 or Port 2, Item 18.)

City or Town

County

State

02682

IF UNDER 1 YEAR

INDUSTRY

OAYS

126. KIND OF BUSINESS OR

MONTHS

2b. HOUR

9:30pm

IF UNDER 24 HRS

HOURS

Last

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

(State)

and that in (my) (our) opinion death occurred on the date and have and from the 22c. DATE SIGNED

(County)

DIRECTOR

23a. BURIAL, CREMATION REGOVAL (Specify) 23b. DATE OF CEMETERY OR CREMATORY AL (Specify)

DEGREE-

VER 25g, REC'D BY REGISTRAR

23d_LOCATION (City or Town)

25b. REGISTRAR'S SIGNATURE Wilsone and Insperse

VR AI電側 30M REV

24. FUNERAL DIRECTOR

22b. SIGNATURE

22d. PHYSICIAN'S

NAME (Type)

OR CONTRIBUTING CAUSE OF DEATH

saw the deceased alive an.

21d. INJURY OCCURRED

While Nat while at work

20012

COR DATE

The state of the s The state of the s BIN (7 1) 2 - - 2 2 5 MARKET TO STATE